



Schedule A Inventory List

Date: _____ Gallery Exhibit: _____

Artist Name: _____

Address: _____ Phone # _____

ARTWORK TO EXHIBIT

| Title | Medium | Size | Price |
|-------|--------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Artist Signature: _____ Date: _____

BCAC Representative: _____ Date: _____

Business Representative: _____

MAKE ART HAPPEN