

Last Name of Artist _____

Date: 2017

*Shiawassee Arts Center
206 Curwood Castle Dr.
Owosso, 989-723-8354
www.shiawasseearts.org*

2017 SHIAWASSEE ARTS CENTER INVENTORY SHEET

Name _____ e-mail address _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Item No	Item Description	Medium	Price		Barcode	Wall Label	Date Sold /Check	Date Picked Up
1.				For Office Use Only				
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

Please double check that the item descriptions, number of items, and prices are correct.

Signature of Artist _____ Date _____

Signature of SAC representative _____ Date _____