

Last Name of Artist \_\_\_\_\_

Date: NOVEMBER 2017

## 2017 HOLIDAY AT THE CENTER INVENTORY SHEET



Name \_\_\_\_\_ e-mail address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

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 \_\_\_\_\_