

Dansville ArtWorks Inc. Consignment Item Check In/Check Out

Date: _____ Artist Name: _____ Best method of contacting: _____

Consignment starts: _____ Ends: _____

ARTISTS: Please complete shaded columns prior to/at drop off.

Item Number	R C V D	Item Description/Title	Price	Date Sold	Amt Due	R E T N
C- 1			\$			
C- 2			\$			
C- 3			\$			
C- 4			\$			
C- 5			\$			
C- 6			\$			
C- 7			\$			
C- 8			\$			
C- 9			\$			
C- 10			\$			
C- 11			\$			
C- 12			\$			
C- 13			\$			
C- 14			\$			
C- 15			\$			
C- 16			\$			
C- 17			\$			
C- 18			\$			
C- 19			\$			
C- 20			\$			
TOTAL DUE ARTIST					\$	

CHECK IN BY _____ Date _____ Artist Signature _____
 Dansville ArtWorks use: Tagged by _____ Input by _____ Displays provided? _____
 Consignment fee paid \$ _____ Date _____ Volunteer _____

CHECK OUT BY _____ Date _____ Artist Signature _____

If artist is not present at Check In or Check Out, please indicate!

Notes:

Complete, cut and give this section to artist at Check In!

Artist _____ is consigning _____ items to Dansville ArtWorks Inc.

Received by _____ Date _____
 Dansville ArtWorks Inc. Representative