

OryCon Art Show Print Shop Control Form

Artist		Agent (if applicable)				
Name:		Name:				
Address:		Address:				
City:		City:				
State/Zip:		State/Zip:				
Email:		Email:				
Phone:		Phone:				
Piece #	Title	Medium	Price	Sold	Check In	Check Out
I have read and agree to comply with the Art Show Rules:					Print Subtotal	
Signature						

Checked In By: _____ **Checked Out By:** _____

Artist Initials for Check-In _____ **Artist Initials for Check-Out** _____
