

ConStellation Print Shop Control Sheet

Artist Name: _____ Phone #: _____

Address: _____ E-mail: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

May we give out your (___) phone or (___) address to: (___) other art shows; (___) anyone who asks; (___) do not release info.!

Name of person/business we make check(s) payable to: _____

Title	# copies entered	Price Each	# sold	#sold times price each:
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

Pre-paid return shipping submitted: \$ _____

Insure return shipping for: \$ _____

_____ I have read and accept the ConStellation Art Show guidelines.