

Date____

Artwork Receipt Form

Bryan Memorial Gallery PO Box 340 / 180 Main Street Jeffersonville, VT 05464 802-644-5100 / www.bryangallery.org

Show				
Artist				
PhoneEmail				
TRACKING NUMBER Assigned by gallery	TITLE OR DESCRIPTION	SIZE OF IMAGE Not including mat or frame. HEIGHT X WIDTH	MEDIUM such as oil or acrylic	RETAIL PRICE
Artist understands and agrees that incurance by Dryan Managial Callery is not sycilable and				
Artist understands and agrees that insurance by Bryan Memorial Gallery is not available and that all risks of loss or damage must be that of the Exhibiting Artist.				
Artist agrees to leave artwork at Bryan Memorial Gallery for the duration of this exhibition.				
		Received by		