Artist Name:_____SS#_____

Address:_____

City:_____State:_____Zip:_____

Telephone:_____Email:_____

Cooperstown Art Association
Inventory Loan Form

Date Rec'd	Inv. #	Title	Medium	Retail	Date Sold	Due Artist	Date Paid

Lender named above agrees to lend these listed objects to the Cooperstown Art Association for use in exhibition. The lender is aware that the responsibility for insurance coverage of all artwork remain with the artist (unless otherwise arranged). The artist also understands that the gallery will make every effort to pay the 70% artist commission within 30 days from the close of the exhibition.

Signature at Drop-off of work:_____

Signature at Pick-up of all unsold work:_____