

Astronomicon Art Show Control Sheet

Artist Name _____ Address _____ City/State _____ Zip Code _____ Phone () _____	<u>Special Instructions</u> _____ _____ _____
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Professional / Amateur (circle one on each side) Attending / Mail-In

Item #	Title	Minimum Bid	Quick Sale	After Auction	Final Sale	10% Comm.	Balance Due
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							

total sales: _____

Final Sale	10% Comm.	Balance Due
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Number of items received: _____ Date: _____ Received By (Initials): _____

Number of items sold: _____

Number of items returned: _____ Amount Paid: _____ Paid By (Initials): _____

Artist's Signature: _____ Date: _____

