

PSA Boutique & Card Rack Inventory Form



Artist Name: _____
 Telephone: _____
 Email: _____
 Exhibition: _____

Please fill out the FIRST 5 FIELDS in the form. Please print out a copy of your form, and bring it to drop-off.

	Artwork ID#	Title or Description	Artwork Media	Sales Price	# of pieces	Check In (Admin)	Pick Up (Admin)	SOLD
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Questions: Please email: Exhibitions@PasadenaSocietyofArtists.org