

ANTON ART CENTER
 125 Macomb Place
 Mount Clemens, MI 48043
 (586)469-8666

www.theartcenter.org | exhibitions@theartcenter.org

**MACOMB COUNTY
 PRIMARY STUDENT SHOW (GRADES K-6)
 INVENTORY FORM**
**Please photocopy if additional pages are necessary*
\$1 ENTRY FEE PER ARTWORK

SCHOOL NAME _____

AAC SCHOOL CODE _____

Page _____ of _____

STUDENT NAME	GRADE	MEDIA	TITLE	HOME PHONE

TEACHER NAME _____
 TEACHER PHONE _____
 TEACHER EMAIL _____
 SCHOOL PHONE _____

FOR ANTON ART CENTER USE ONLY	<u>AAC REP. INITIALS</u>	<u>TEACHER INITIALS</u>
DATE WORK RECEIVED _____	_____	_____
DATE WORK PICKED UP _____	_____	_____
DATE ENTRY FEE RECEIVED _____	_____	_____
PAYMENT: <input type="checkbox"/> Check # _____	<input type="checkbox"/> Other: _____	

Hold Harmless Agreement: In consideration of The Anton Art Center agreeing to display this (these) artwork(s), I hereby loan to The Anton Art Center in Mount Clemens the above specified work(s) until May 2024. I release, save and hold harmless the Anton Art Center, its agents and employees of any liability that may arise by damage, loss or theft while said work is in the possession of The Anton Art Center.

Signature _____ Date _____