ANTON ART CENTER
125 Macomb Place
Mount Clemens, MI 48043
(586) 469-8666
www.theartcenter.org | exhibitions@theartcenter.org

☐ **Check box to indicate PORTFOLIO entry form**

ANNUAL MACOMB COUNTY SECONDARY STUDENT SHOW
INVENTORY FORM
Please photocopy form if additional pages are necessary
$2.00 PROCESSING FEE PER ENTRY

SCHOOL NAME _____

AAC SCHOOL CODE _____

PAGE _____ OF _____

STUDENT'S NAME (First & Last)	GRADE	MEDIA	TITLE	DIMENSIONS (inches) L x w x h	HOME PHONE

ART CENTER USE ONLY

	AAC INITIALS	TEACHER INITIALS
DATE ACCEPTED WORK RECEIVED _____	_____	_____
DATE ACCEPTED WORK PICKED UP _____	_____	_____
DATE ENTRY FEE RECEIVED_____	_____	

PAYMENT: ☐ Check #_____ ☐ Charge ☐ PayPal Total # of Entries: _____

Hold Harmless Agreement: In consideration of The 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 exhibit close. 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.

Teacher Signature X_____ **Date**_____

TEACHER NAME_____

TEACHER PHONE_____

TEACHER EMAIL_____

SCHOOL PHONE_____

PRINCIPAL NAME _____

PORTFOLIO SUBMISSION ONLY

STUDENT EMAIL_____

STUDENT PHONE_____