



City Lights ART GALLERY

Artist Record Form

Leave blank if not a member

Artist: _____

Phone: _____

Email: _____

Artist #: 

Date: _____

Inv#	Title	Medium	Size	Price	Amt. Sold	Date Sold
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						