

SHUDDER
PHOTO EXHIBIT

INSURANCE FORM

EXHIBITION TITLE _____ EXHIBITION DATES _____

ARTIST'S NAME _____ ARTIST'S PHONE NO. _____

ARTIST'S ADDRESS _____ P.O. BOX _____

The Gallery staff of SHUDDER gratefully acknowledges the receipt of the artworks listed below. The Gallery agrees to render these artworks the normal protection and care it affords.
*Upon both drop off and pick up of artwork/s the artist must indicate and initial the condition of each artwork.

Title of work	Gallery No.	Size	Artists Value	For Sale* Y/N

*10% of profit from works will be commissioned back to the Rossland Mountain Film Festival

CONDITION REPORT

Drop off	Pick up	Sold Y/N

DROP OFF DATE

SIGNATURE OF GALLERY RECIEVER

PICK UP DATE

SIGNATURE OF ARTIST OR AGENT

*I DECLARE THIS INFORMATION TO BE CORRECT

FOR GALLERY STAFF ONLY

GALLERY NO.

DATE WORK RETURNED TO ARTIST OR AGENT

SIGNATURE OF GALLERY STAFF

TITLE OF GALLERY STAFF

I DECLARE THIS INFORMATION TO BE CORRECT