

Artwork Intake Form

The Kelly Fitzpatrick Center for the Arts
124 Company Street, Wetumpka AL 36092
O: (334)478-3366

Collector Information

Collector Name _____

Mailing Address: _____

Phone Number: _____

Email: _____

Preferred Way to be Contacted: Call Text Email Other: _____

All artworks must have gallery wire installed (except for 3D artworks), thank you.

Artwork Information

Artwork Title: _____

* Artist Name: _____ * Medium: _____

* Size: _____ * Year Created: _____

* For Sale? Yes No * Sale Price/Insured Value: \$ _____

(25% commission will be charged, if sold)

Drop Off Date: _____ Sold: _____ Pick Up Date: _____

Artwork Title: _____

* Artist: _____ * Medium: _____

* Size: _____ * Year Created: _____

* For Sale? Yes No * Sale Price/Insured Value: \$ _____

(25% commission will be charged, if sold)

Drop Off Date: _____ Sold: _____ Pick Up Date: _____

Artwork Information Continued

Artwork Title: _____

* Artist: _____

* Medium: _____

* Size: _____

* Year Created: _____

* For Sale? Yes No

* Sale Price/Insured Value: \$ _____

(25% commission will be charged, if sold)

Drop Off Date: _____

Sold:

Pick Up Date: _____

Artwork Title: _____

* Artist: _____

* Medium: _____

* Size: _____

* Year Created: _____

* For Sale? Yes No

* Sale Price/Insured Value: \$ _____

(25% commission will be charged, if sold)

Drop Off Date: _____

Sold:

Pick Up Date: _____

Artwork Title: _____

* Artist: _____

* Medium: _____

* Size: _____

* Year Created: _____

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