

THE ANTON ART CENTER

125 Macomb Place

Mount Clemens, MI 48043

Tel (586)469-8666 Fax (586)469-4529

www.theartcenter.org | exhibitions@theartcenter.org

**2018 MACOMB COUNTY
PRIMARY STUDENT SHOW (GRADES K-6)
INVENTORY FORM**

**Please photocopy if additional pages are necessary*

\$20 PROCESSING FEE PER PAGE

SCHOOL NAME _____

AAC SCHOOL CODE _____

Page _____ of _____

STUDENT'S NAME	GRADE	MEDIA	TITLE	HOME PHONE
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TEACHER NAME _____

TEACHER PHONE _____

TEACHER EMAIL _____

SCHOOL PHONE _____

FOR ANTON ART CENTER USE ONLY

AAC REP. INITIALS

TEACHER INITIALS

DATE WORK RECEIVED _____

DATE WORK PICKED UP _____

DATE ENTRY FEE RECEIVED _____

PAYMENT: Check # _____

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 June 3, 2018. 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 _____