

CoastCon Art Show Control Sheet

Artist Name: _____ Phone: _____

Address: _____ Website: _____

City: _____ State: _____ ZIP: _____ Email: _____

May we give out your address/email/website to ___ Other art shows ___ Anyone who asks ___ **Do not release** ___

Make check payable to _____

I wish to be a participant in the After-Auction/Minimum Bid sale. YES___ NO___

	Title	Min. Bid	Quick Sale	CoastCon Art Show Staff Use Only			
				# Bids	Sold for:	In	Out
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

Hanging fees: \$ _____ Pre-paid return shipping: \$ _____ Insure return shipping for \$ _____

I have read and accept the CoastCon Art Show guidelines: _____