Art Gallery of Bancroft Inc.
Box 398, 10 Flint Ave., Bancroft, ON K0L 1C0

Accepting Consignor Work for Gallery Shop

Consignor Name: _____

Address: _____

Email: _____ *Phone:* _____

Item Descriptions:	***Medium:***	***Gallery Retail Price:***

(If more items than space available above, please attach a detailed listing to this form.)

Date Received: _____ *AGB Volunteer Receiving:* _____

Consignor's Signature: _____

*(**Volunteer:** Copy the completed form and provide that copy to the Consignor. Please place this completed form with the incoming work on the shelves in storage area for inventory purposes.)*