

CON THE COB

ART SHOW CONTROL SHEET

ARTIST NAME: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____



	TITLE OF PIECE	PRINT OR ORIGINAL?	MEDIUM	MIN. BID	SUNDAY SALE
1		PRINT / ORIGINAL		\$	\$
2		PRINT / ORIGINAL		\$	\$
3		PRINT / ORIGINAL		\$	\$
4		PRINT / ORIGINAL		\$	\$
5		PRINT / ORIGINAL		\$	\$
6		PRINT / ORIGINAL		\$	\$
7		PRINT / ORIGINAL		\$	\$
8		PRINT / ORIGINAL		\$	\$
9		PRINT / ORIGINAL		\$	\$
10		PRINT / ORIGINAL		\$	\$
11		PRINT / ORIGINAL		\$	\$
12		PRINT / ORIGINAL		\$	\$
13		PRINT / ORIGINAL		\$	\$
14		PRINT / ORIGINAL		\$	\$
15		PRINT / ORIGINAL		\$	\$