

In Good Taste

May 15 – June 28, 2025

INVENTORY FORM

ARTIST'S NAME: _____ ARTIST'S INITIALS (3) _____ - _____ - _____

ADDRESS: _____ PHONE: _____ EMAIL: _____
 (Street) (City) (Zip)

The undersigned artist is a contributor to "In Good Taste" exhibit at the Santa Cruz Mountains Art Center, 9341 Mill St., Ben Lomond, California 95005, and all work submitted is hand crafted by the artist. Although care will be taken to protect the art during installation and display, artist hereby acknowledges that artist shall assume all risk for loss or damage to any works of art submitted for said event. It is further acknowledged that the Santa Cruz Mountains Art Center, their officers, members, employees and agents accept no responsibility or liability whatsoever for any loss or damage to artist's work/s of art. Artist will indemnify, hold harmless, and defend from all liability from loss, damage, or injury to persons or property in any manner arising out of or incident to the submission of any works of art for this event, including, without limitation all consequential damages, whether or not resulting from the negligence of the Santa Cruz Mountains Art Center, their officers, members, employees, or agents, of said organization and/or entities. The Santa Cruz Mountains Art Center will retain a commission fee of 25% for members and 40% for non-members of the retail price of items sold. **A 50% commission will be charged for artists who are unable to docent.**

SIGNATURE: _____ DATE: _____ ITEMS RECEIVED IN BY: _____

TAG # Artist's three initials - #	TITLE /ITEM	MEDIUM / DESCRIPTION	PRICE	DATE IN	DATE OUT & INITIALS	ITEMS SOLD		
						SALES RECEIPT #	DATE PAID	CK #
___ - 1								
___ - 2								
___ - 3								
___ - 4								
___ - 5								
___ - 6								
___ - 7								
___ - 8								