



25 Heritage Green Place
Greenville, SC 29601-2034
(p) 864-242-5000
(f) 864.235.8375
www.greenvillelibrary.org

Exhibit Consignment Form

Artist Name: _____

Mailing Address: _____

City: _____ Zip: _____

Email Address: _____ Phone: _____

This information is used to create the exhibit labels; please write legibly. This information is also for the library's and the artist's records. Please make a copy before turning into the library. This form must accompany the Artist Application Form. Make sure your work is properly identified. The value of the items is for insurance purposes only-no works will be sold by the library.

1. Title: _____

Medium: _____ Size: _____ Value: _____

2. Title: _____

Medium: _____ Size: _____ Value: _____

3. Title: _____

Medium: _____ Size: _____ Value: _____

4. Title: _____

Medium: _____ Size: _____ Value: _____

5. Title: _____

Medium: _____ Size: _____ Value: _____

6. Title: _____

Medium: _____ Size: _____ Value: _____

7. Title: _____

Medium: _____ Size: _____ Value: _____

For Library Use Only: Dates of Exhibition: _____ to _____

Date items received for display: _____ Signature of artist: _____

Date items returned to artist: _____ Signature of artist: _____