SKETCH TABLE CONTROL SHEET

Artist Name:	#
Agent Name:	
Street Address:	
City / State / Zip:	
Phone:	E-Mail:

#	Title	PRICE	SOLD

_____ Pieces Entered _____ Pieces Sold _____ Pieces Returned

✓ In By: _____ ✓ Out By:_____

_____
TOTAL AMOUNT

RESET THE FORM **PRINT THE FORM**