CCAC Holiday Art Market Inventory Sheet			
Name:	Street Address:	Street Address: City/State/ZIP:	
Phone:	City/State/ZIP:		
Email:			
Quantity Title, descripti	ion, size	Medium Price	
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Agreement	I	I .	
I understand that works will be displayed as outline hold the CCAC harmless for any loss, harm or dan work between Dec. 26–29, 2023, and understand the property of Cecil County Arts Council.	nage resulting from the entry and display	of my work. I agree to pick up my	
Artist Signature		Date	