

ROSWELL FINE ARTS ALLIANCE

SALE TRACKING FORM

PLEASE PRINT LEGIBLY

Venue _____

Date of Sale _____

Title of Artwork _____

Artist's Name _____

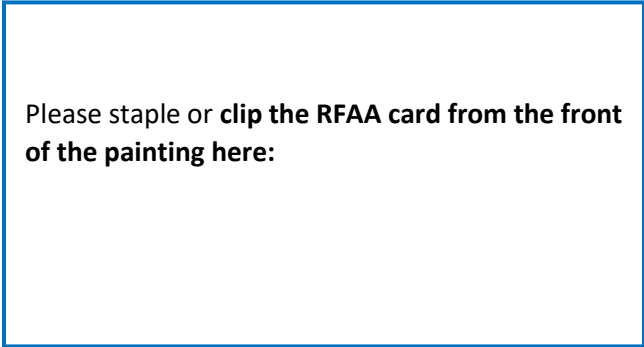
Artist's Ph. # _____

Amount of Sale _____

Purchased By _____

Purchaser's E-mail

[CLIP CHECK HERE](#)



And Notify Venue Chair: _____

Ph. # _____

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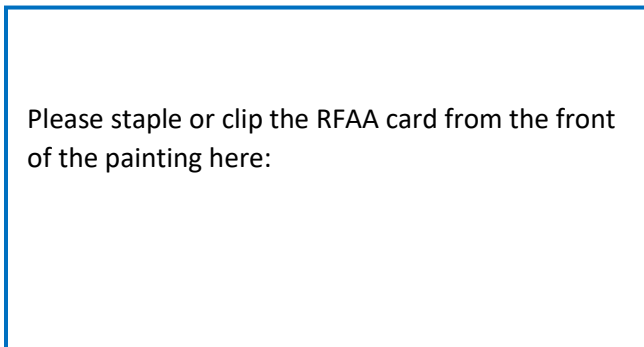
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