

Cape Cod Museum of Art

Exhibition Proposal Image List Form

Applicant's Name: _____ Page # ___ of ___

Image Number _____
Artist's Name _____
Title of Work _____
Year _____
Medium _____
Dimensions _____
Insurance Value _____

Image Number _____
Artist's Name _____
Title of Work _____
Year _____
Medium _____
Dimensions _____
Insurance Value _____

Image Number _____
Artist's Name _____
Title of Work _____
Year _____
Medium _____
Dimensions _____
Insurance Value _____

Image Number _____
Artist's Name _____
Title of Work _____
Year _____
Medium _____
Dimensions _____
Insurance Value _____

Image Number _____
Artist's Name _____
Title of Work _____
Year _____
Medium _____
Dimensions _____
Insurance Value _____

Image Number _____
Artist's Name _____
Title of Work _____
Year _____
Medium _____
Dimensions _____
Insurance Value _____

Image Number _____
Artist's Name _____
Title of Work _____
Year _____
Medium _____
Dimensions _____
Insurance Value _____

Image Number _____
Artist's Name _____
Title of Work _____
Year _____
Medium _____
Dimensions _____
Insurance Value _____

Image Number _____
Artist's Name _____
Title of Work _____
Year _____
Medium _____
Dimensions _____
Insurance Value _____

Image Number _____
Artist's Name _____
Title of Work _____
Year _____
Medium _____
Dimensions _____
Insurance Value _____