



**Society of Bluffton Artists**

## CHANGE OF SHOW FORM

Month: \_\_\_\_\_ Year: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Medium: \_\_\_\_\_

Price: \$ \_\_\_\_\_

TEL#: \_\_\_\_\_

Sitting Date: \_\_\_\_\_