VISUAL ART
GALLERY
MOOSE JAW CENTRE FOR ARTS & CULTURE

GALLERY APPLICATION

APPLICANT INFORMATION

Full Name: _____

Phone: _____ Email: _____

Hometown: _____

Name of Company / Organization (if applicable): _____

EXHIBITION INFORMATION

Title of Exhibition: _____

Medium Used: _____

Description of the Show: _____

_____

_____

_____

_____

_____

Have you had an exhibition in our space before? If yes, when? _____

How many pieces do you anticipate having in your exhibit? _____

Is there anything else we should know about your event? _____

_____

_____

Email this form and a sample of your current work to info@moosejawculture.ca to finish the application