

Application for exhibit space at
THE GALLERY
at Brunswick United Methodist Church

Date: _____

Artist name: _____

Address: _____

Phone: _____

Email: _____

Type of exhibit: _____

(only wall hanging artwork such as framed paintings, photo etc.) Brief description:

Month or time of year requested for exhibit: _____

Reception: (OPTIONAL)

Requested date and time for reception: _____

(please allow for set up and clean up time)

- Receptions are to be held during regular hours
- Requested date and time shall be granted depending upon the program and gallery space.
- No alcoholic beverages may be served

Estimated number of guests: _____

Brunswick United Methodist Church
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763-533-1661
office@brunswicklife.org