

**Sabes Jewish Community Center
Tychman Shapiro Gallery**

EXHIBITION PROPOSAL

Name _____

Address _____

City, State, ZIP Code _____

Telephone Number(s) _____

Email _____

Exhibition Theme _____

Self-addressed stamped envelope included:

___yes ___no

Description of proposed exhibition (format, # of pieces, layout):

Brief description of why you want to show at the Tychman-Shapiro Gallery and how your work relates to this space:

Mail or deliver complete application to:

Sabes Jewish Community Center
Tychman Shapiro Gallery
4330 South Cedar Lake Road
Minneapolis MN 55416