

## Request to Exhibit at Temple Israel Portsmouth

To apply to exhibit and/or host related activities at Temple Israel, review our **Exhibit and Display Policy** then print this page.

Send the completed form to the Temple by mail, email, or drop off at: 200 State Street, Portsmouth, NH 03801.

Contact the Temple office with questions: 603-436-5301 or templeoffice@templeisraelnh.org

Artist \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Telephone \_\_\_\_\_ Web Site \_\_\_\_\_

Email address \_\_\_\_\_

**This is an application for (circle appropriate description) Shmoozatorium or Social Hall**

Number of works to be displayed: \_\_\_\_\_

Are you interested in planning a related program or having a reception for the exhibit?

How do you see this exhibit/display contributing to the cultural and spiritual life of Temple Israel?

Please attach a description of the works to be exhibited including medium, size and method of framing or mounting.

In accordance with the Temple Israel Exhibit and Display Policy, please provide examples of material to be exhibited (a couple of images with description).

Requested Dates of Exhibit: \_\_\_\_\_ First Choice  
 \_\_\_\_\_ Second Choice  
 \_\_\_\_\_ Third Choice  
 \_\_\_\_\_ Fourth Choice

Available dates:  
 Q1 January – March  
 Q2 April – June  
 Q3 July – September  
 Q4 October - December

To be completed by the Exhibit Coordinator	
First date of set up _____	Final date for removal _____

I have read and agree to comply with all the regulations of Temple Israel’s Exhibit and Display Policy.

Do you agree to have your artwork and exhibit information included on the Temple Israel Webpage?

yes  no

Signature \_\_\_\_\_ Date \_\_\_\_\_ TIP init. \_\_\_\_\_

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**De-installation return receipt – all items retrieved by exhibitor in good condition.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ TIP init. \_\_\_\_\_