



CANALSIDE

CANALSIDE FITNESS PROGRAM APPLICATION

Date Submitted: _____

CONTACT INFORMATION

Name: _____

Organization: _____

Email: _____

Phone: _____

Website: _____

Have you taught at Canalside before? YES NO

PROGRAM INFORMATION

Title of program: _____

Expected attendance per occurrence: _____

Brief description of program:

Space needed for program: _____

Desired day(s) of week & times (check all that apply):

M TU W TH F SA SU

MORNING AFTERNOON EVENING

Additional Schedule Notes (if needed):

Target Audience

Skill Level: [CHOOSE ONE]

Gender: [CHOOSE ONE]

Age Range: [CHOOSE ONE]

Equipment needed from Canalside:

Special Requests or needs:

PLEASE SUBMIT TO INFO@CANALSIDEBUFFALO.COM