

CANALSIDE PROGRAMMING APPLICATION

Date Submitted:

CONTACT INFORMATION

Name:

Organization:

Address:

Email:

Phone:

Website:

Have you performed HUH before? YES NO

Is your organization tax exempt? YES NO (If YES, send appropriate documentation)

Can you provide your own insurance? YES NO

PROGRAM INFORMATION

Title of program:

Price per program:

Expected attendance per occurrence:

Category of program (check all that apply)

Arts & Culture Children's Fitness History Music

One sentence description of program:

Space needed for program:

Desired day(s) of week, dates & times:

Reschedule date & time (if needed):

Target audience

Skill Level:

Gender:

Age Range:

Equipment needed

Special Requests or needs:

PLEASE SUBMIT TO INFO@BUFFALOWATERFRONT.COM