



CANALSIDE

CANALSIDE EVENT APPLICATION

Date Submitted:

CONTACT INFORMATION

Name:

Organization:

Address:

Email:

Phone:

Website:

Production Company Name/Phone #:

Have you held an event at Canalside before? YES NO

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

Can you provide your own insurance? YES NO

EVENT INFORMATION

Title of event:

Budget for event:

Expected attendance:

Sponsors for event:

Space needed for event:

Category of event (check all that apply): Charity Walk/Run Concert Festival

Event Public or Private: Public Private

Target Audience: Gender: [Choose One] Age Range: [Choose One]

Brief description of event:

Desired day(s) of week, dates & times (include load in and move out):

PLEASE SUBMIT TO INFO@CANALSIDEBUFFALO.COM



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CANALSIDE EVENT APPLICATION (cont'd)

Rescheduled date & time (if needed)

List of equipment needed from Canalside:

Food & Beverage distributed at event:

Special requests or needs: