



# CANALSIDE

## CANALSIDE PROGRAMMING APPLICATION

Date Submitted:

### CONTACT INFORMATION

Name:

Organization:

Address:

Email:

Phone:

Website:

Have you performed 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

### 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: [CHOOSE ONE]

Gender: [CHOOSE ONE]

Age Range: [CHOOSE ONE]

Equipment needed from Canalside:

Special Requests or needs:

PLEASE SUBMIT TO [INFO@CANALSIDEBUFFALO.COM](mailto:INFO@CANALSIDEBUFFALO.COM)