



# CANALSIDE

## 2018 CANALSIDE FITNESS PROGRAM APPLICATION

Date Submitted: \_\_\_\_\_

### CONTACT INFORMATION

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Have you performed 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:

Gender:

Age Range:

Equipment needed from Canalside:

Special Requests or needs:

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