



CANALSIDE

2019 MUSIC PROGRAMMING APPLICATION

Date Submitted:

CONTACT INFORMATION

Contact Name:

Band Name:

Address:

Email:

Phone:

Website:

Link(s) to performance examples:

a:

b:

c:

List venues of past performances:

a:

b:

c:

Band composition:

Genre of music (check all that apply):

Country Rock Alternative R&B/Soul Classical

Hip Hop/Rap Blues Electronic Jazz

Other (please list):

PLEASE SUBMIT TO INFO@CANALSIDEBUFFALO.COM