



# 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:      Age Range:

Brief description of event:

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

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