



This Form must be completed and returned by May 1st to be included in the Program brochure.

Program Information:

Name of Program (as it will appear in promotional releases):

Program Location: _____

Program Date(s): _____

Program Time(s): _____

Program Entry Fees: _____

Program Description (brief): _____

Is there a program application? Yes _____ Please attach
Not needed _____

Contact Person:

Name: _____

Address: _____

Telephone: Home _____ Office _____

Special Needs: (i.e. tents, power, equipment, staff, etc.)

Please complete and return by May 1st to:

Little Falls Canal Celebration
c/o Tony DeLuca
Little Falls Family YMCA
15 Jackson Street
Little Falls, NY 13365
Telephone: (315) 823-1740