



**CITY OF BUFFALO
2017
SPECIAL EVENTS
WEBSITE CALENDAR**

Byron W. Brown
Mayor

Contact Information	
Department Director	Nicole Drye
Location	Room 226
Phone	(716) 851-6508

Please complete and return this form along with your application. Completion of this form will publicize your event that has been submitted to the Special Events Advisory Committee and assist others to avoid your date and/or site. Your event will be posted after approved by the S.E.A.C.

<p>E-mail, mail or fax to:</p> <p>Office of Special Events</p> <p>65 Niagara Square Room 226</p> <p>Buffalo, NY 14202</p>
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- 1. **Name of Event** _____
- 2. **Purpose of Event** _____
- 3. **Sponsoring Organization** _____
- 4. **Location of Event** _____
- 5. **Participants expected #** _____
- 6. **Date(s) of Event** _____

Date	_____	start time	_____	close time	_____
Date	_____	start time	_____	close time	_____
Date	_____	start time	_____	close time	_____
Date	_____	start time	_____	close time	_____

- 7. **Contact Person** _____
- 8. **Phone** _____
- 9. **Fax** _____
- 10. **Email** _____

Comments: _____

I understand and agree completion of this application gives permission to the City of Buffalo to publicize the above event information on the City of Buffalo website.

Applicant Signature _____ **Date** _____