



**CITY OF BUFFALO  
2018  
SPECIAL EVENTS  
WEBSITE CALENDAR**

**Byron W. Brown**  
Mayor

<b>Contact Information</b>	
<b>Department Director</b>	Nicole Drye
<b>Location</b>	Room 226
<b>Phone</b>	(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><b>E-mail, mail or fax to:</b></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** \_\_\_\_\_