

37th Annual Little Falls Canal Celebration August 7th-11th 2024

This Form must be completed and returned by June 14th to be included in the Program schedule.

This is a free listing

Program Information

| Name of program (as it will appear in promotional releases) | | |
|---|--------------------------------------|-------|
| Program Location: | | |
| Program Date: | | |
| Program Time(s): | | |
| Program Entry Fees: | | |
| Program Description (brief): | | |
| | | |
| Is there a program application | on? Yes Please attach. Not needed | |
| Contact Person: Name: Address: | | |
| | | |
| Telephone Home: | Office: | Cell: |
| E-mail Address: | | |
| Special Needs: (i.e., tents, p | power, equipment, staff, etc.) | |
| Please complete and return | by June 14 th to: | |

Little Falls Canal Celebration c/o Tony DeLuca Little Falls Youth & Family Center 15 Jackson Street Little Falls, NY 13365 Telephone: 315-823-1740