

Food Marquee: Application form

Wayland Agricultural Show - 4th September 2022

Show Day Information:

Main entrance gate open at 6am for vehicular access and will close promptly at 9.30am. After unloading, all vehicles must be moved to the Exhibitors Car park before 9.30am. Vehicles will not be allowed back onto the showground until 5pm. There are no parking facilities alongside the marquee. If you are a registered blue badge holder there is limited disabled parking available. Please indicate on the form if this is required, it will be allocated on a first come, first served basis. Gates open to the public from 10am.



Contact Details

Contact Name: _____

Business Name: _____

Address: _____

Postcode: _____

Telephone: _____

Email: _____

Booking Details

Stand required: 1 x 6ft Table 2 x 6ft Table

Type of Product being sold/displayed: _____

Cost of stand: £ _____

Cost of extras: £ _____

No. Exhibitor tickets required: _____

(2 free per stand, extras at £11 each)

Cost of additional tickets @ £11 each: _____

Total remittance enclosed: £

Please send completed forms by 1st AUGUST 2022 to:

Mark Raines

MJR Events, 12 Frere Road, Harleston, Norfolk

mark@mjr-events.co.uk

07531 120817

FOOD MARQUEE	
Size	Price
1 x 6ft Table & 1 Chair	£50
2 x 6ft Tables & 2 Chairs	£100
Stands are inside a marquee	

EXTRAS		
Size	Price	Qty
Electric	£30	
1 x 6ft Table	£20	
2 x Chairs	£7	

Please ensure that you book the appropriate size stand for your business as space is limited in the marquee and you will be provided with space booked on this form. No size adjustments can be accommodated on the day.

Make cheques payable to:
Wayland Agricultural Society CIC
Information and application forms
available online at:
www.waylandshow.com

ADDITIONAL REQUIREMENTS

EXHIBITOR DECLARATION

- Disabled parking requested
- I have enclosed the risk assessment form and the fire assessment form
- This is not required as I have no employees and/or this is a family business only employing family members*

Liability Insurance	Insurer	Limit of Indemnity	Expiry Date
Public Liability Insurance			
Employers Liability Insurance*			

Signature: _____

Date: _____