Food Marquee: Application form

Wayland Agricultural Show - 4th September 2022

Show Day Information:

Contact Details

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 Name:						
	Business Name:						
	Address:						
		Postcode	5:				
	Telephone:	Email:					
	Booking Details			FOOD MARQUEE			
	Booking Details			Size		Price	
	Stand required:	t Table	☐ 2 x 6ft Table	1 x 6ft Table & 1	l Chair	£50	
	Type of Product being sold/displayed:			2 x 6ft Tables & 2 Chairs		£100	
E	Type of Product being sold/display	Stands are inside a marquee					
www.waylandshow.com				EXTRAS			
sho				Size	Price	Qty	
nds				Electric	£30		
yla	Cost of stand: £			1 x 6ft Table	£20		
/.Wa	Cost of extras: £			2 x Chairs	£7		
§	No. Exhibitor tickets required:						
	(2 free per staria, extras at L11 each)			Please ensure that you book the			
e at:	Cost of additional tickets @ £11 eac	:h:		appropriate : business as sp			
online				marquee and	you will be pr	rovided	
	Total remittance enclosed:	£		with space bo No size adj	ooked on this ustments cai		
ilable					ated on the		
aila	Please send completed forms by						
ava	Mark Raines MIR Events 12 Erore Road, Harleston, Norfelk IR20 ADI			Make cheques payable to: Wayland Agricultural Society CIC			
ms	mark@mir-events.co.uk					CS payments to:	
for	07531 120817			Wayland Agric			
application	ADDITIONAL REQUIREMENTS EXHIBITOR DECLARATION						
Cat	ADDITIONAL REGULATION LATIBITOR DECLARATION						
ldd	Disabled parking requested I have enclosed the risk assessment form and the fire assessment form						
a p	This is not required as I have no employees and/or this is a family business only employing family members*						
nformation and							
ion	Liability Insurance	Insurer	Limit of Ir	naemnity	Expiry Da	te	
nat	Public Liability Insurance						
orn	Employers Liability Insurance*						
nf	Signature:		Date:				