Arts and Crafts: Application form

Wayland Agricultural Show - 4th August 2024

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.



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Contact Details	Со	nta	ct	D	eta	ils
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Contact Name:

	Business Name: Address:								
	Telephone:	Postcod Email:	e:						
	Booking Details				ARTS AND CRAFTS				
	g			Size		Price			
	Stand required: 1 x 6ft	Table		2 x 6ft Table	1 x 6ft Table 8	& 1 Chair	£60 (£50+VAT)		
E	Type of Product being sold/displayed:			2 x 6ft Tables & 2 Chairs		<mark>£96</mark> (£80+VAT)			
<u>v.co</u>					Stands are	e inside a m	larquee		
www.waylandshow.com					EXTRAS				
and					Size	Price	e Qty		
Jay	Cost of stand: £				Electric	<mark>£36</mark> (£30+V			
W.W	Cost of extras: £ No. Exhibitor tickets required:				1 x 6ft Table	<mark>£36</mark> (£30+V			
2	(2 free per stand, extras at £12.50 ec	ach)			2 x Chairs	<u>£8.40</u> (£7+V4	0		
at:	Cost of additional tickets @ £12.50 each:								
vailable online	Total remittance enclosed: Please send completed forms by	£ 5th JULY 202	24 to:		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 b accommodated on the day.				
n forms avai	7 Watton Road, Little Cressingham, Norfolk IP25 6ND clairewhitehouse.wayland@gmail.com 07421 313576			Make cheques payable to: Wayland Agricultural Society CIC BACS payments to: Wayland Agricultural Society CIC sort: 20-28-20 acct #: 50299650					
atio	ADDITIONAL REQUIP	REMENTS	5	EXHIBI	TOR DE	CLAR	ATION		
nformation and applicat	 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* 								
n al	Liability Insurance	Insurer		Limit of Indemnity		Expiry Date			
atio	Public Liability Insurance								
ľ	Employers Liability Insurance*								
nfo	Signature:			Date:					