Arts and Crafts: Application form

Wayland Agricultural Show - 3rd August 2025

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 Deta Contact Name: Business Name: Address:	nils			
Telephone:		Postcode: Email:		
Booking Deta	ails			
Stand required:	☐ 1 x 6ft Table			2 x 6ft Table
Cost of stand: £ Cost of extras: £ No. Exhibitor tickets re (2 free per stand, extr Cost of additional tick	as at £12.50 each)			
Total remittance en	closed: £			
Please send comple	ted forms by 4th J	ULY 2025	to:	

ARTS AND CRAFTS					
Size	Price				
1 x 6ft Table & 1 Chair	£66 (£55+VAT)				
2 x 6ft Tables & 2 Chairs	£102 (£85+VAT)				
Stands are inside a marquee					

EXTRAS				
Size	Price	Qty		
Electric	£36 (£30+VAT)			
1 x 6ft Table	£36 (£30+VAT)			
2 x Chairs	£8.40 (£7+VAT)			

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

BACS payments to:

Wayland Agricultural Society CIC

sort: 20-28-20 acct #: 50299650

DITIONAL REQUIREMENTS

EXHIBITOR DECL

Disabled parking requested

Wayland House, High Street, Watton, IP25 6AR

email: theshoppingvillage@waylandshow.com

nformation and application forms available online at: www.waylandshow.com

01953 880204

- 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: