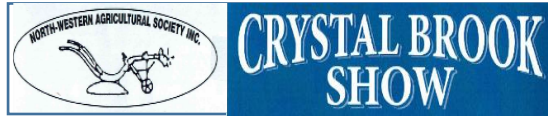


Attention: Secretary
 Crystal Brook Show
 PO Box 159
 CRYSTAL BROOK SA 5523
 Mobile: 0474 502 241
 Email: secretary.cbshow@gmail.com



Please note: Applications from Catering Vans will not be accepted. Catering services are provided by the Showman's Guild SA and our local sporting bodies as their major fundraiser.

TRADE SITE APPLICATION

Saturday 14th AUGUST 2021

(To be received by Friday 3rd July 2021)

APPLICANT NAME:				
SITE BUSINESS NAME:			ABN	
NAME OF SITE COVID MARSHAL			Mobile	
COVID MARSHAL CERTIFICATE NO.:			COVID SAFE PLAN REF NO.:	
ADDRESS:				
TELEPHONE NUMBERS:		A/H	Mobile	
EMAIL:				
NATURE OF BUSINESS/GOODS BEING SOLD:				
SITE BLOCK REQUIRED	SIZE	COST	NO. REQUIRED	TOTAL COST
OUTDOORS	12m x 6m	\$110.00 first site		
Smaller block may be available on request		\$70.00 extra site		
OUTDOORS - Traders who sell coffee as a sideline to their main goods for sale Note: (Mobile Coffee Vendors – by tender only)		\$220.00 per site		
OUTDOORS – Large Machinery block (only 4 available)		\$500.00 per site		
INDOORS – Rec Centre	3m x 3m	\$80.00 each		
POWER – Cord must be an approved outdoor power cord with a limit of 10 amps, tested and tagged. COST INCURRED PER POWER POINT		\$20.00 per power point		
8' TRESTLE		\$15.00 each		
CHAIR		\$2.00 each		
Additional Admission Tickets		\$10.00 per adult \$8.00 per concession \$5.00 per child (5-17yrs)		
TOTAL				\$

To be completed in case of refund. If event is cancelled due to COVID19, a refund will be given, less a \$20.00 admin fee

Your banking details BSB: _____ Account Number: _____

The fees must accompany the application form or be paid by EFT at the time of lodging the application. If paying by EFT, please email a copy of the EFT receipt to secretary.cbshow@gmail.com and a Tax Invoice and Receipt will be issued. Once paid, you will receive a Pass for one person and a vehicle.

PAYMENT DETAILS

Payment of \$ _____ Cheque EFT (Include your name/business name as reference)

EFT Details:

Account Name: Crystal Brook North Western Ag Society Inc BSB: 015-693 Account Number: 602550050

Please use Business name/Surname as reference

Important Note

All applications must include a SA Government COVID Safe Plan, and copy of current Public/Product Liability Certificates of Currency. Any applications without this information attached will not be accepted.

SA Government COVID Safe Plan Insurance Certificate of Currency

I acknowledge that it will be the responsibility of the business/person listed on this form to ensure our site is at all times compliant with our SA Government COVID Safe Plan, including supplying hand sanitizer and COVID Marshall at all times.

Date: ____ / ____ / ____ **SIGNATURE:** _____

I, the trader or their representative, hereby apply to be licensed to trade and agree to abide by the terms and conditions as set out in the General Rules and Condition of Entry.

Date: ____ / ____ / ____ **SIGNATURE OF APPLICANT:** _____

<p>Office Use only</p> <p>Invoice No:</p> <p>Receipt No:</p> <p>Pass issued:</p> <p>Insurance Public <input type="checkbox"/> Product <input type="checkbox"/></p> <p>COVID Safe Plan <input type="checkbox"/></p>
