



MONMOUTHSHIRE SHOW SATURDAY 4th JULY 2020
CRAFT MARQUEE & SHOPPING MALL APPLICATION FORM

Please Complete and Return this Form with Full Payment, Insurance, Completed Risk Assessment and Copy of Public Liability Insurance to:-

The Secretary, Monmouthshire Show, 6 Berryfield Rise, Osbaston, Monmouth NP25 3DU or email secretary@monmouthshow.co.uk

PLEASE INDICATE IF YOU ARE - CRAFT OR SHOPPING MALL – (CIRCLE AROUND YOUR RESPONSE)
NOTE – WE ONLY ACCEPT CRAFTS THAT ARE AT LEAST 75% HAND MADE

BUSINESS NAME.....

PERSON IN CHARGE OF STAND.....**24 HOUR MOBILE**

ADDRESS.....

.....**POSTCODE**.....

TELEPHONE NO..... **EMAIL**.....

PLEASE GIVE A BRIEF DESCRIPTION OF WHAT YOU SELL (THIS WILL BE INCLUDED IN THE SHOW CATALOGUE)

LIST ALL ITEMS BEING SOLD – AS WE WILL RETAIN THE RIGHT ON SHOW DAY TO REMOVE THOSE ITEMS NOT LISTED.

Craft / Shopping Mall Space Frontage x Depth (Add £32.50 per additional metre if required)	Cost up to 30 th April	Cost Post 30 th April	Quantity	Passes include d	Amount £
2m x 2m	£65	£70		2	£
3m x 2m	£97.50	£105		2	£
6m x 2m	£195	£215		3	£
6ft Trestle Tables @ £8 each					£
Chairs @ £3 each					£
Extra Admission passes @ £10 each					£
				Total Cost	£
No. of people on site overnight on 03/07 and/or 04/07 & Vehicle Registration number.					

PAYMENT INFORMATION - Cheques Payable to: Monmouthshire Show Society Ltd
 BACS: NatWest Bank plc Sort Code: 51-61-02 Acc No: 04219260 Ref: YOUR COMPANY NAME Credit/Debit
 Card Payment: Contact Show Office on 01600 719878

Bookings will NOT be accepted without FULL PAYMENT, a copy of your Public Liability Insurance Certificate covering the Show Date and a Fully Completed Application Form Risk Assessment.

I have read and agree to the Rules and Regulations governing Craft / Shopping Mall Exhibitors at Monmouthshire Show 2020 and the Safety Policy Statement of Monmouthshire Show Society Ltd.

Signed..... Date.....



CRAFT / SHOPPING MALL RISK ASSESSMENT FORM

Please answer the questions below by placing a circle around your response.

A. INSURANCE			
Do you hold Public Liability Insurance to cover your attendance at the Show? You must provide a copy of your certificate when booking and produce the original at the Show	Yes	No	N/A
B. REDUCING THE RISK OF FIRE			
Please provide evidence that your electrical equipment has been portable appliance tested (PAT) by a competent person in the last year.	Yes	No	N/A
Have you identified ignition / heat sources and ensured that these are kept away from all flammable / combustible materials?	Yes	No	N/A
C. PREVENTING FIRE SPREAD & FIRE FIGHTING (including your caravan if it will be located on the Showground)			
Will you have sufficient bins for refuse or suitable arrangements to prevent an accumulation of refuse?	Yes	No	N/A
Please provide evidence that you have appropriate fire extinguishers / fire blankets that have been tested with the last year.	Yes	No	N/A
Are staff within the stand / unit be familiar with the basic operating instructions for the fire extinguishers / fire blanket?	Yes	No	N/A
D. EMERGENCY ESCAPE			
Will staff be aware of what to do in the event of a fire and how to raise the alarm?	Yes	No	N/A
E. OTHER RISKS			
Are you aware that you must not stock or sell certain items, as listed within the Trade Space Schedule?	Yes	No	N/A
Please provide evidence that you have completed a risk assessment covering the set-up, use and take-down of your Craft / Shopping Mall stand , e.g. management of slips, trips and falls etc.	Yes	No	N/A

SIGNED

PRINT NAME.....

TRADING NAME.....

DATE.....

N.B. Completing this form does not constitute acceptance of your application. The committee reserves the right to refuse applications without giving a reason. No bookings can be accepted without full payment.

FOR OFFICE USE ONLY-

Application No- CRAFT OR SHOP	Receipt/Invoice	Admit Passes	Vehicle Pass
Date Received	Date Sent	Generator	Sleep on site
Electric	Table	Chair	STAND REF