

MONMOUTHSHIRE SHOW SATURDAY 6th JULY 2019: CRAFT MARQUEE & SHOPPING MALL APPLICATION FORM

Please Complete & Return this Form with Full Payment and Completed Risk Assessment to:-The Secretary, Monmouthshire Show, Treveddw Farm, Pandy, Abergavenny, Mon, NP7 7PE

PLEASE INDICATE IF YOU ARE - 0	CRAFT OR SE	<u>HOPPING N</u>	<u> 1ALL – (CIR</u>	<u>CLE AROU</u>	ND YOUR RESPONSE)
NOTE – WE ONLY ACCEPT CRAFTS TH	AT CONSIST	OF PRODUCT	<mark>ΓS 75% HAN</mark>	D MADE (<u>ONLY</u>
BUSINESS NAME				•••••	
PERSON IN CHARGE OF STAND		24 H	OUR MOBIL	E	
ADDRESS				•••••	
••••••	• • • • • • • • • • • • • • • • • • • •	PC	STCODE		••••••
TELEPHONE NO	EMAIL				
PLEASE GIVE A BRIEF DESCRIPTION OF W	HAT YOU SELL	(THIS WILL BE	INCLUDED IN	THE SHO	W CATALOGUE)
LIST ALL ITEMS BEING SOLD – AS WE WILL RE	ETAIN THE RIGH	T ON SHOW DA	AY TO REMOVI	THOSE ITE	MS NOT LISTED.
Tradactand Crass Frontiers v Douth	Cost Dro	Cost Bost	Quantity	A dmit	Amount 6

Tradestand Space Frontage x Depth (Add £32.50 per additional metre if required)	Cost Pre 30 th April	Cost Post 30 th April	Quantity	Admit Passes	Amount £
2m x 2m	£65	£70		2	£
3m x 2m	£97.50	£105		2	£
6m x 2m	£195	£215		3	£
13 Amp Electric Socket @ £25					£
6ft Trestle Tables @ £8 each					£
Chairs @ £3 each					£
Extra Admission passes @ £10 each					£
Wi-Fi @ £10 per connection					£
			-	Total Cost	£
No of people onsite overnight on 05/07/ number plate	and/or 06/07	& Vehicle			No Charge

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 01873 890365

Bookings will NOT be accepted FULL PAYMENT. Copy of your Public Liability Insurance Certificate covering the Show Date and a Fully Completed Application Form Risk Assessment which you need to have available once you are on site.

I have read and agree to the Rules and Regulations governing Tradestand Exhibitors at Monmouthshire Show 2019 and the Safety Policy Statement of Monmouthshire Show Society Ltd.

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

N.B. Completing this form does not constitute acceptance of your application. Please await confirmation from the Show Secretary.

FOR OFFICE USE ONLY-

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



TRADE MARQUEE RISK ASSESSMENT FORM

Please answer the questions below by placing a circle around your response. **Note that some questions ask you to provide evidence for your answer.**

This evidence DOES NOT have to be sent with your application, but must be available on request on your Trade Stand during the Show.

A. INSURANCE			
Do you hold Public Liability Insurance to cover your attendance at the	Yes	No	N/A
Show? You must bring a copy of your certificate with you.			
B. REDUCING THE RISK OF FIRE			
Has any portable electrical equipment been portable appliance (PAT)		No	N/A
tested by a competent person in the last year? (Evidence may be			
requested).			
Have you identified ignition / heat sources and ensured that these are	Yes	No	N/A
kept away from all flammable / combustible materials?			
C. PREVENTING FIRE SPREAD & FIRE FIGHTING			
(including your caravan if it will be located on the Showground)	•		1
Will you have sufficient bins for refuse or suitable arrangements to	Yes	No	N/A
prevent an accumulation of refuse?			
Do you have appropriate fire extinguishers / fire blankets available that	Yes	No	N/A
have been tested within the last year? (Evidence may be requested).			
Are staff within the stand / unit be familiar with the basic operating	Yes	No	N/A
instructions for the fire extinguishers / fire blanket?			
D. EMERGENCY ESCAPE			
Will staff be aware of what to do in the event of a fire and how to raise	Yes	No	N/A
the alarm?			
E. OTHER RISKS			
Are you aware that you must not stock or sell certain items, as listed	Yes	No	N/A
within the Trade Space Schedule?			
Have you completed a risk assessment covering the set-up, use and	Yes	No	N/A
take-down of your tradestand, e.g. management of slips, trips and falls			
etc. (Evidence may be requested).			
SIGNED			

DATE......

N.B. Completing this form and sending full payment constitutes acceptance of your application. No booking can be accepted without full payment.

PRINT NAME.....

TRADING NAME.....