

Wallumbilla Agricultural & Pastoral Association Inc.

Site Agreement Form

Mark Swan 0408 741 115

Kristen Seawright 0428 327 394

Email: wallumbillashow@gmail.com

30 April & 1 May 2021

Website: www.wallumbillashow.com

| | |
|---|---|
| Site Holder | |
| Company Name (if applicable) | |
| Mailing Address (for invoicing) | |
| Phone | |
| Mobile | |
| Email | |
| ABN number | |
| Public Liability Policy Number and Insured Amount | |
| Do you require electricity? (please tick) State type of connections required (eg standard 240v) You will need to provide all extension leads and power boards required to enable your items to be connected, these must be suitably tested and tagged according to current electrical standards | Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) |
| Do you require water connection? | Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) |
| Provide a full description of goods to be sold/displayed. Food providers will need to provide a current Food Business License Certificate and follow the relevant Covid Safe plans in place. | |

| | |
|--|--------------|
| Approximate site size required | |
| Preferred location (we will do our best to accommodate your request but first in first served with location. Suitability will apply) | |
| Site cost is \$5.00 per metre frontage. Please provide frontage required. | metres |
| | |

TOTAL AMOUNT ENCLOSED:

Direct Deposit: Commonwealth Bank
 BSB: 064428
 Acct No: 00905992

Signature of Site Holder: Please print name: Date:

We look forward to seeing you over the show period. Please return your completed form with your cheque prior to 23/04/2021 to:

The Secretary, Site Allocation, Wallumbilla Agricultural & Pastoral Association, PO Box 23, Wallumbilla Q 4428

OFFICE USE ONLY

Cheque Number: _____

Bank: _____ Drawer Name: _____

Branch: _____ Direct Deposit: _____