

Health & Wellbeing Marquee: Booking Form

2nd August 2015 – Brandon Road, Watton



Contact Details

Contact Name: _____

Business/Organisation Name: _____

Address: _____

Postcode: _____

Telephone: _____ Email: _____

Booking Details

Marquee Zones

Health	Spiritual	Active	Creative	Performance
Ideal for organisations that specialise in physical health treatments, support, advice or guidance.	Ideal for organisations that specialise in services that treat your mind and soul.	Ideal for organisations that provide services that promote and support active lifestyles.	Ideal for those who use art and crafts to improve mental and physical health.	Ideal for those who wish to share their activity with an audience.
<i>Please indicate which zone best suits your organisation/business (you may tick more than one)</i>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stand required: 1 x 3m pitch (inc 1 x 6ft table & 1 chair)
 2 x 3m pitch (inc 2 x 6ft table & 2 chairs)

Brief description of your business/organisation: _____

Cost of stand: £ _____ Cost of extras: £ _____

No. Exhibitor tickets required: _____
 (2 free per stand, extras at £11 each)

Cost of extra tickets @ £11 each: _____

Total remittance enclosed: £

Please send completed applications and payment to:

Suzanne Rhind, The Wayland Partnership Development Trust, Wayland House,
 Watton, Norfolk, IP25 6AR Tel: 01953 880204 Email: Suzanne@wayland.org.uk

FEE STRUCTURE

Local charities/groups (Wayland area):

£10 per 1 x 3m pitch
 £15 per 2 x 3m pitch

Other charities:

£30 per 1 x 3m pitch
 £45 per 2 x 3m pitch

Businesses:

£100 per 1 x 3m pitch
 £150 per 2 x 3m pitch

Other pitch areas by negotiation

EXTRAS:	Price:	Qty:
Electricity	£30	_____
2 x chairs	£7	_____

Entries should be received by 30th June 2015. Cheques should be made payable to "Wayland Agricultural Society CIC".

Additional Requirements:

- I have enclosed a completed risk assessment form.
- I have enclosed payment.
- I certify that I have public liability insurance that is valid during the show.

Signature: _____ Date: _____

**EXHIBITOR
DECLARATION**