

Charity Quilt Exhibition

24th & 25th August 2024 Senior Citizen's Hall, Hervey Bay

Please complete this form and return prior to the event and enquiries to:

fundraising@frasercoasthospice.com.au

| Entry & Set up Times between | | Event Times | Pack up & Exit Times | |
|------------------------------|--------------------------|---|--------------------------|--|
| 4pm | 8am | 9am -3pm | 2pm -5pm | |
| Fri 23rd Aug | Sat 24 th Aug | Sat 24 th & Sun 25 th Aug | Sun 25 th Aug | |

VENDOR/APPLICANT DETAILS (*PLEASE* Print information clearly)

| Full Name(s) | | | | | | |
|--|--------------------------|----------------------|----------------------|--|--|--|
| Business Name (if applicable) | | | | | | |
| Email: | | | | | | |
| Phone: | | | | | | |
| Postal Address: | | | | | | |
| | | | | | | |
| | | | | | | |
| PUBLIC LIABILITY INSURANCE (Please provide a current copy with this form) | | | | | | |
| Name of Insurance Company | | | | | | |
| Policy Number | | | | | | |
| Expiry date of policy | | | | | | |
| Amount Insured | \$ | | | | | |
| SITE FEES | | | | | | |
| Site Fees (3 x3 m) \$50 per site fo | r No. of sites req: | No. of | tables req: | | | |
| 2-day event to be paid on arrival | at | | | | | |
| venue | | | | | | |
| PRODUCTS FOR SALE (please provide an accurate description of goods for sale) | | | | | | |
| Note: NO foodstuffs are to be sold. | | | | | | |
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| DECLARATION : Note : All sections of this form must be completed, and all necessary information | | | | | | |
| | s of this form must be c | ompleted, and all ne | ecessary information | | | |
| supplied prior to the event. | | | | | | |
| In submitting this information, I: | | | | | | |
| confirm that the information contained in this document is correct | | | | | | |
| I understand and will abide by the terms and conditions relating to this event | | | | | | |
| agree to pay the site fee upon arrival at the event | | | | | | |
| understand that site fee payments are non-refundable | | | | | | |
| No food or drinks are to be brought into the venue. | | | | | | |
| Applicants Name | Signature | | Date: | | | |
| | | | | | | |
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