



MT BARKER DISTRICT SHOW SATURDAY 27 March 2021
2021 TRADE SPACE APPLICATION FORM - Closing Date 7/3/21
 PLEASE NOTE: THIS FORM BECOMES AN INVOICE ON RECEIPT OF PAYMENT

Site Business Name.....
 Name of Applicant.....
 Name of Site Covid Marshall Mbl ph no

To be completed in case of refund
Your banking details: BSB No..... A/c No.....

Address..... A.B.N.....
 Post Code.....

Phone No Email.....

Type of business, display or free activities (All food and drink must be listed, especially if you offer coffee)

All applications are accepted at the discretion of the Committee. A full refund will be made if not accepted.

TYPE OF SITE	SIZE FRONTAGE x DEPTH	PRICE	QTY	TOTAL
OUTDOOR - basic site (9m ²)	3m x 3m	\$65.00		\$
OUTDOOR - large site (up to 18m ²)	6m x 3m	\$95.00		\$
OUTDOOR - larger site (up to 27m ²)	9m x 3m	\$125.00		\$
Machinery/Vehicle Trade displays (size & cost negotiated)				\$
Community Service Not For Profit	3m x 3m	\$30.00		\$
ADDITIONAL COSTS:				
Vehicle park on site (no frontage/limited availability)	3m x 6m	\$10.00		\$
Vehicle park on site incl trailer (no frontage/limited availability)	3m x 9m	\$15.00		\$
Power Outlet (15amp)	per outlet	\$50.00		\$
Extra Staff Admission Passes: A pass is required for each person (2 PASSES INCLUDED PER SITE)	Single use	\$5.00		\$
TOTAL AMOUNT PAYABLE:				\$

PAYMENT: To be made by direct credit to our bank account before 7/3/21 (Full refunds will be made if the show doesn't go ahead).
Mount Barker Agricultural Society Inc. BSB No. **105-025** (BankSA Mt Barker) A/c No. **068127140**
NOTE: all direct payments must have a **Business Name/Surname as reference.**

Clover Leaf Trail Application attached (if interested): Not Applicable / No / Yes

Please Note: All Applications must include a Health SA Covid Safe Plan, proof of current Public Liability Insurance and a copy of your Food Registration Certificate (if a food stall).
 Any applications without this information attached will not be accepted.

Health SA Covid Safe Plan Public Liability Certificate Food Registration Certificate

I acknowledge that it will be the responsibility of the business/person listed on this form to ensure our site is at all times compliant with our Health SA Covid Safe Plan.

NAME: _____ SIGNED: _____