

# Crookwell A P & H Society Inc.

(Est.1878)

**President: Paul Anderson**

P O Box 13  
Crookwell NSW 2583

www.crookwellshow.com.au



ABN: 29 322 539 55

**Trade Space Steward: Rod Hoare**

Mobile: 0416 284 149

Ph/Fx: (02) 4832 1140  
(2 weeks prior to Show 10am to 4 pm)

tradespaces@crookwellshow.com.au

## Crookwell Show 2019 Trade Space Booking Form

**Note:** It is a requirement of the Agricultural Societies Council of NSW and the Crookwell A P & H Society Inc that all Trade Space Holders **be covered for \$20 million Public Liability Insurance**, or they must pay Crookwell A P & H Society Inc \$20.00 to allow Public Liability Insurance coverage through the Agricultural Societies Council of NSW

Business Name: .....

Address: .....

Telephone: ..... Contact person: .....

Mobile: ..... Email: .....

Type of Product(s): .....

### Required Space

Trade exhibit: (\$15 / metre frontage – minimum \$60.00).....

Is insurance needed through A P & H? (\$20.00)      Y       N

Is electricity needed at site? (additional \$20.00)      Y       N

Proof of Insurance Certificate of Currency provided:      Y       N

**Arrival Time:**      Friday ..... PM      Saturday ..... AM

(Space not occupied by 10:00 AM Saturday will be re-allocated if required)

A trade exhibit site will not be allocated until all fees have been paid.

Exhibitors will be allowed free entry to the Showground but may be required to provide evidence that their attendance at the Show has been confirmed and the required fees have been paid.

Applicant's Signature: ..... Date: .....

Amount Remitted: \$.....

Remitted by: Cheque

Payable to Crookwell A P & H Society

Direct Deposit

Please use Trade Space as reference

**Bank:** Commonwealth Bank of Australia

**Branch:** Crookwell

**Account Name:** Crookwell A P & H Society

**BSB:** 062530

**Account Number:** 10025178

**If paying by direct deposit evidence, such as a bank lodgment receipt, must be provided with the application**

### Office Use Only

Site space paid      Y       N       Receipt No: .....

Insurance paid      Y       N       Receipt No: .....

Electricity paid      Y       N       Receipt No: .....

Site Number
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