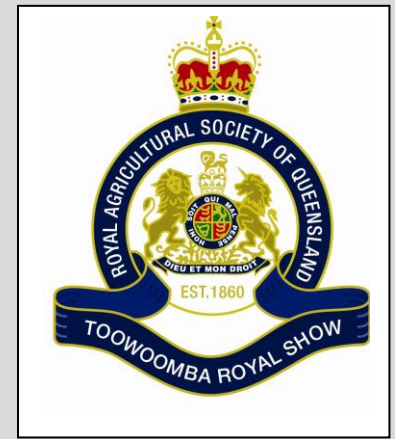


2024 SITE CONTRACT

18th, 19th & 20th APRIL

EXHIBITOR DETAILS



Exhibitor name:

Contact person:

Email:

Postal address:

Town / City:

State:

Postcode:

Phone:

Mobile:

INSURANCE

☐ Yes, I agree to hold min. \$20,000,000 public liability insurance (please attach copy)

Insurance company name:

Policy number:

\$ Cover:

SITE BOOKING DETAILS

Site Number:

Site size:

Do you require water? ☐ Yes ☐ No

Do you require electricity? ☐ Yes ☐ No

Type of connection required: ☐ Single phase 240 volt ☐ 3 phase 415 volt

SITE LOCATION

EXTERNAL SITE

☐ Central Park ☐ Village Green

☐ Northern Park ☐ Southern Park

FOUNDERS PAVILION

☐ Section One – Thurs, Fri & Sat 7 pm close

☐ Section Two – Thurs, Fri & Sat 9 pm close

Office use only

Site number:

Frontage:

Depth:

Total \$:

Camping:

Total cost:

Exhibitors are entitled to 3 x 3- day passes or 9 x 1- day passes.

Additional passes not ordered on your site application will have to be bought online or at the gate at the normal gate prices.

How many passes do you require? ☐ 3 Day Passes ☐ 1 Day Passes

☐ Additional Passes- 3 Day- \$20 each

☐ Additional Passes- 1 Day- \$10 each

PRODUCT DESCRIPTION

Please indicate the products you will have on display:

CAMPING (\$35 per night. Tick days required.)- **DUE TO THE SHOWGROUNDS BEING A WORKSITE, CAMPING WILL NOT BE PERMITTED PRIOR TO TUESDAY 16TH APRIL 2024**

☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

CATERING SITE

ENVIRONMENTAL HEALTH & SAFETY

☐ Yes, I agree to hold an environmental Health & Safety Accreditations & Licences (please attach copy) Either with Toowoomba Regional Council or with relevant council permitting to trade outside that council area.

Name on Licence:	Van Health Certification No:
Certified by:	Food Accreditation Licence No:

BOOKING DEPOSIT: \$200

The \$200 Booking Deposit must be paid with your Site Agreement to guarantee a site allocation. The Site Deposit will be deducted from the final balance of site payment.

FINAL PAYMENT IS DUE BY THE 18th March 2024

If paying by card the final balance will be deducted on 18th March 2024

PAYMENT DETAILS

Cheque: made payable to RASQ EFT: Rabobank BSB: 142001 A/C: 133296800

Visa Mastercard

Cardholder name:

Card number:

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Expiry date:

Amount to deduct:

\$

DECLARATION

I hereby acknowledge having read the terms and conditions of the application agreement in this prospectus and agree to be bound by those terms and conditions. I agree to provide Public and Product Risk Insurance Certificate of Currency. If I sign this application as an employee, servant, or agent of the participant, I warrant that I have the authority to enter into this agreement on behalf of the participant and agree to be personally bound by the terms and conditions of the agreement.

Company Name:
Authorised by (print):
Signature:

This form is also available at

www.toowoombashow.com.au

Post: PO Box 18099, Clifford
Gardens, Toowoomba Q 4350

Email: rasq-ceo@rasq.com.au

REFUNDS WILL ONLY BE PAID ON CANCELLATIONS PRIOR TO THE 18th February 2024.
A 50% ADMINISTRATION FEE WILL APPLY.