2025 SITE CONTRACT 27 <sup>th</sup> , 28 <sup>th</sup> & 29 <sup>th</sup> March EXHIBITOR DETAILS		THINK SOCIETY OR DIFENSION
Exhibitor name:		EST. 1860
Contact person:		TOOWOOMBAROYAL SHOW
Email:		
Postal address:		
Town / City:	State:	Postcode:
Phone:	Mobile:	
INSURANCE Yes, I agree to hold min. \$20,000,000 pu	blic liability insurance (please	attach copy)
Insurance company name:		Office use only
Policy number: \$ Cover:		Site number:
SITE BOOKING DETAILS		
Site Number: Site size:		Frontage:
Do you require water?       Yes       No         Do you require electricity?       Yes       No         Type of connection required:       Single phase 240 volt       3 phase 415 volt		 Depth:
SITE LOCATION		Total \$:
EXTERNAL SITE		Camping:
Central Park Village Green Northern Park Southern Park		Total cost:
FOUNDERS PAVILION		
Section One – Thurs, Fri & Sat 7 pm close Exhibitors are entitled to 3 x 3- day Additional passes not ordered on your site applic gate at the normal	ation will have to be b	basses.
How many passes do you require? 3 Day Passes Additional Passes Additional Passes 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 25 <sup>TH</sup> MARCH 2025.		
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 27 <sup>TH</sup> February 2025.		
If paying by card the final balance will be deducted on 27 <sup>th</sup> February 2025.		
PAYMENT DETAILS		
Cheque: made payable to RASQ EFT: Rabobank BSB: 142001 A/C: 133296800		
Visa Mastercard Cardholder name:		
Card number:		
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.	i benali of the participant and agree to be personally	
Company Nama:	This form is also available at	
Company Name:		
Company Name: Authorised by (print):	This form is also available at <u>www.toowoombashow.com.au</u> Post: PO Box 18099, Clifford	
	This form is also available at <u>www.toowoombashow.com.au</u>	
Authorised by (print):	This form is also available at <u>www.toowoombashow.com.au</u> Post: PO Box 18099, Clifford	

A 50% ADMINISTRATION FEE WILL APPLY.