



STALL HOLDER REGISTRATION FORM

Stall Name: _____

Type of Goods for sale/display: _____

Contact Person: _____ **Phone:** _____

Postal Address: _____

Email: _____

Approx. space required for your stall: _____

Other Comments: _____

Do you have appropriate insurance coverage for your stall? YES NO

If YES, please provide a copy of your certificate with this application & select option #1 on attached form

If NO, would you like insurance cover under the Loxton Historical Village for this event: YES NO

If YES, please pay \$10 when you submit this application & select option #2 on attached form

**** IF YOU PREFER TO ATTEND AT YOUR OWN RISK, PLEASE SELECT OPTION #3 & SIGN THE ATTACHED PUBLIC LIABILITY INSURANCE COVER OPTION FORM AND RETURN WITH THIS REGISTRATION FORM ****

STALL SITE FEE = \$20 (includes entry) or if you are a Village Member/have a Year Pass: \$5

If you'd like to purchase a YEAR PASS/BECOME A MEMBER (Adults \$15/Family \$35), giving you unlimited entry for 12 months, please complete the attached form and return with stall forms and payment.

PAYMENT: Stall Site fee \$20 (or \$5 if member/have year pass) \$ _____

Year Pass/Membership fee \$15/\$35 \$ _____

Insurance option #2 \$10 \$ _____

TOTAL = \$ _____ Cash Bank Transfer

* BANK TRANSFER DETAILS: Loxton Historical Village BSB: 105 059 Acc No: 045129440

* or PAY CASH at Village Entrance Shop before event (or include with forms if posted)

This Registration form, when signed, serves as an agreement between Loxton Historical Village and the stall holder.

I ACKNOWLEDGE THAT I HAVE READ & AGREE TO THE ATTACHED TERMS & CONDITIONS

Signed: _____

STALL HOLDER

DATE