

# Rotary Club of Appin Park Wangaratta

## Fishing Camping & Leisure Show 28th-29th January 2012

### SITE APPLICATION FORM

EXHIBITOR No  INVOICE No    (Office Use Only)

BUSINESS TYPE:-

COMPANY NAME:-

email:-

**ADDRESS:-**

| STREET               | CITY                 | STATE                | CODE                 |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**CONTACT DETAILS:-**

| NAME                 | PHONE                | FAX                  | MOBILE               |
|----------------------|----------------------|----------------------|----------------------|
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**SITE REQUIREMENTS:-**

**UNDERCOVER (Open Pavilion)**

SMALL:- 2m x 2m Qty  @ \$150 GST N/A = \$

**NON COVERED**

SMALL:- 3.3m x 3.3m Qty  @ \$150 GST N/A = \$

MEDIUM:- 5m x 5m Qty  @ \$250 GST N/A = \$

LARGE 10m x 5m Qty  @ \$400 GST N/A = \$

**MARQUEE**

FETE STALL 2,4m x 3m Qty  @ \$250 GST N/A = \$

POP TOP! 3m x 3m Qty  @ \$250 GST N/A = \$

**SITES TOTAL COST = \$**

**20% Deposit Required / Remittance Enclosed = \$**

**A TAX INVOICE WILL BE ISSUED UPON RECEIPT OF SITE FEES.**

**SPECIAL REQUIREMENTS:-** .....

**POWER REQUIREMENTS:-** .....

Exhibitors will abide by "Exhibitor Conditions" and are responsible for all persons on their stand being aware of the conditions. These are available from the Secretary or will be enclosed with the Tax Invoice which will acknowledge the receipt of your application.

Signature:- .....

Date:- .....

Print Name:- .....

**RETURN ADDRESS:-** Rotary Club of Appin Park FC&L Show  
 PO Box 329  
 Wangaratta Vic 3676  
 Phone inquiries:- Dennis 0413 300 176 or Clyde 0419 217 683

**DIRECT DEBIT**  
**BSB:-** 633-000  
**Acc No:-** 139528541

**EXHIBITOR ENTRY:-** Friday:- 9.am-10pm Saturday:- 6am-9am Sunday:- 8am-9am

**PUBLIC ENTRY :-** Saturday:- 9.am-5pm Sunday:- 9am-3pm