

PO Box 106
 Mount Gambier SA 5290
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Office Use only	
Site No:	_____
Inv No:	_____
Rec.No	_____
Insurance:	Yes / No

TRADE SPACE APPLICATION
 TWILIGHT MARKETS 2022

EXHIBITOR INFORMATION

BUSINESS NAME:	ABN:
Description of Exhibit (for SOCIAL MEDIA):	
CONTACT NAME -:	
Email:	
ADDRESS:	Post Code:
TELEPHONE	

SITE DETAILS

Exact Frontage required	metres	x	<u>Depth</u>	metres
Power required?	Yes	/	No	

Indoor Site Main Hall, 3m x 3m	\$55 each
Outdoor, 3m x 3m sites	\$33 each
Public Liability Insurance If Required	\$20

Payment Details

Payment of \$	EFT Reference No
EFT Details:- Bendigo Bank :BSB	633-000
:Account No	122 059 033
:Account Name –	Mount Gambier A&H Society

I, the representative for the exhibitor hereby apply to be licensed to exhibit and agree to abide by the terms and conditions as set out in the Twilight Market Information brochure.

Signature of Exhibitor _____ Date _____

A copy of your current insurance policy needs to be included with your application form.

MOUNT GAMBIER A & H SOCIETY
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