PO Box 106 Mount Gambier SA 5290 Phone: (08) 87251873 Email: admin@mgshow.com.au



Office Use only	
Inv No:	
Rec.No	
Insurance Provided: Yes / No	

TRADE SPACE APPLICATION AUTUMN MARKETS 2024

BUSINESS NAME:	ABN:	
Description of Exhibit. Please provide all items you are selling.		
Please provide a photo of your set-up for mapping purposes		
FACEBOOK NAME:		
FOOD VENDOR -: Yes / NO	SA FBN Number -:	
CONTACT NAME -:	TELEPHONE -:	
ADDRESS -:	Post Code -:	
EMAIL -:	·	
SITE DETAILS		
EXACT FRONTAGE REQUIRED -:m Width x 3m Deep	Power required -: Yes / No	
Indoor Site Main Hall, 3m x 3m \$55 each		
Outdoor, 3m x 3m sites \$44 each		
Public Liability Insurance Option \$20		
Payment Details		
Payment of \$ EFT Reference No		
EFT Details:- Bendigo Bank : Account Name – Mount Gambi	er A&H Society	
BSB: 633-000	·	
Account No: 122 059 033		
the representative for the exhibitor hereby applies to be lice by the terms and conditions as set out in the Twilight Market I		
Signature of Exhibitor Da	ate	
A copy of your current insurance policy needs to be included with your application form.		

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