



STALL APPLICATION FORM HENLEY STREET

Chocolate Festival

Good Friday 30th March 2018

Henley St, Stratford-upon-Avon, 10am - 5pm

All kinds of chocolate related items e.g. cakes, Easter eggs, chocolate box selections, slabs & sweets, lollies, hot chocolate, chocolate milkshakes, chocolate Baileys, chocolate cook books, chocolate fountains, chocolate desserts, chocolate biscuits, live demonstrations etc.

Be creative and apply now, we'd love to learn more about your products

Name.....

Address.....

.....Post Code.....

Telephone.....mobile.....

email.....

Goods sold (please give detail).....

.....

I require (no of stalls).....stall/s (3m pop-up with counter) £40 per stall

**Please indicate the number of stalls you require. N.B. Rent is £40 per stall CATERERS please email first with images of your set-up/unit/and full menu.*

PAYMENT: N.B. Pre-paid stall rents are NON-REFUNDABLE, including traders cancelling themselves, or the market being cancelled by the Operator in the event of adverse weather conditions.

TOTAL VALUE £.....I enclose my payment of rent for the day by CASH/CHEQUE (To: LSD Promotions Marketplace Ltd)

I DO / DO NOT require temporary insurance. N.B. ALL traders must have public liability insurance cover. Temporary cover can be arranged for non-regular market traders (for an extra charge of £5.00 per day). **All traders using their own insurance must provide a photocopy and attach it to this application form. **N.B. LSD Promotions do not accept any responsibility for injury, damage or loss to any person, stock, or property whilst on site. By applying for a pitch and attending the event you indemnify LSD Promotions against any claims or damage which may arise as a result of trading.

CARD PAYMENT: I enclose my payment of rent for the day by CREDIT/DEBIT CARD below: Please return this form to LSD Promotions, Ground Floor Offices, Stamford Mews, Enville Estates, Stourbridge, DY7 5HD Email customerservice@lsdpromotions.com

NAME OF CARDHOLDER:.....CARD TYPE

CARD NUMBER.....

EXPIRY DATE.....START DATE.....

CCV: (3 digits on back of card).....ISSUE NUMBER: (if applicable).....

TOTAL AMOUNT TO BE DEDUCTED FROM CARD £..... Signature.....

FOR OFFICE USE ONLY.

Receipt No:

Payment Location:

Payment taken by:

Traders own insurance Policy No:

Insurance Expiry Date:

Date of payment:

Cash / Cheque / Card

