



APPLICATION FORM

WATERSIDE Easter Bank Holiday Monday Market
Waterside, Stratford-upon-Avon, CV37 6BA
Trading hours 10.00 - 17.00



Art, ceramics, craft, vintage, antique, specialist products, local designers, accessories, homewares, gifts, novelties, sweets, treats, unique & unusual items welcome

Easter Monday, 2nd April, 2018

Name.....

Address.....

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

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

email.....

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

I require (no of stalls).....stall/s (3m pop-up canopy stall with counter provided)

*Please indicate the number of stalls you require, N.B. Rent is £79 per stall on Bank Holiday Mondays.

*N.B. Catering/Street Food MAY NOT APPLY FOR A POSITION using this booking form, caterers MUST only apply by email to customerservice@lsdpromotions.com with full menu of food/drink. Plus 2 or 3 clear images of the catering unit.

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.

I enclose my payment by CREDIT/DEBIT CARD/CHEQUE To: LSD Promotions (Stratford) Ltd

TOTAL VALUE £.....

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 booking form. N.B. LSD Promotions do not accept any responsibility for injury, damage or loss to stallholders & their staff, stock, vehicle or property whilst on the market site. By applying for a stall and attending the event you indemnify LSD Promotions against any claims or damages which may arise as a result of trading which you do so, at your own risk.

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 Estate, 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:

Date of payment:

Payment Location:

Cash / Cheque / Card

Payment taken by:

Traders own insurance Policy No:

Expiry Date:

