



# STALL APPLICATION FORM

Open every Sunday

High Street, Worcester, WR1 2EU

Trading hours 10.00 - 16.00 Re-opening 8th April

Artisan, local produce, craft ales, street food, vintage, antique, art, craft, ethnic, shabby chic, upcycled, & unusual items all welcome

Please enter date of market required here .....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 £30 per stall, per Sunday.

\*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 of rent for the day by CASH/CHEQUE (To: LSD Promotions)

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 any person, stock, or property whilst on site. By applying for a stall and attending the event you indemnify LSD Promotions against any claims or damage which may arise as a result of your visit.

**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:

