



## STALL APPLICATION FORM

### Worcester Upmarket (new stall space)

**Every Saturday 10am to 5pm High Street Worcester, WR1 2EU**  
 Speciality/Unusual products e.g. Artisan, Vintage, Craft, Fine foods, Ethnic, Boho,  
 Handmade, Homespun, Antique, Jewellery, Fairtrade. *Images of goods may be required*

**Date of Market preferred.....2017**

Name.....

Address.....

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

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

email.....

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

**I require (no of stalls).....stall/s (3m x 2m Pop-up canopy, with counter).**

*Please indicate the number of stalls you require, N.B. Rent is £40 per 3m x 2m stall, per day.*

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

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

I enclose my payment of rent for the day by CHEQUE (To: LSD Promotions Markeplace 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 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 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 Estates, Stourbridge, DY7 5HD Email: events@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: