



GARSTANG SHOW

SATURDAY 3RD AUGUST 2024

CRAFT TENT

INFORMATION & APPLICATION PACK

For further information, please contact
Sally Hull, 7 Calder Drive, Catterall. PR3 1ZL

Email – sallyhull227@gmail.com

TEL.. 07759 134173



THE GARSTANG & DISTRICT
AGRICULTURAL & HORTICULTURAL SOCIETY LIMITED
REGISTERED IN ENGLAND AND WALES
REG. NO. 3157989 | REGISTERED CHARITY NO. 1056868
NAFAS MEMBER | NWFSS MEMBER | ASAO MEMBER

ABOUT THE SHOW

Garstang Show - Saturday 3rd August 2024 - Green Lane East, Garstang, Lancashire. PR3 1JS

Garstang show is a leading one day show in the Northwest of England, showcasing the best in farming and agriculture that our area has to offer. The show also provides a wide range of family entertainment attracting a wide audience from across the county. We expect up to 15,000 visitors in the day and we hope that you will join us. Please visit our website for further details.

SETUP

We recommend that you set up your trade stand on Friday 2nd August as any stands not set up by 8:00 am Saturday 3rd August will not be permitted onto the field under any circumstances.

CRAFT TENT FEES

Booking Fee - £50 per pitch

Electricity Supply Fee (optional) - £25

All pitches are approx. 8ft frontage x 6ft deep. Pitches include 1 x 6ft trestle table and 1 x chair.

1 ticket is included in the price of your booking.

Additional tickets can be purchased at a concessionary rate of £10.00 at the time of booking your trade stand (£15.00 on the day) up to a maximum of 10 tickets.

Priority will be given to regular exhibitors whose booking forms and payments are returned by May 1st 2024.

HOW TO APPLY

We ask that wherever possible you apply for a Craft Space using our easy online application form –

<https://www.garstangshow.org/product/2023-craft-tent-application/>

If you are unable to, please print and complete this form. All applicants will need to complete the Risk Assessment Pack.

APPLICATION FOR CRAFT TENT SPACE

GARSTANG SHOW - SATURDAY 5TH AUGUST 2023

FOR OFFICE USE ONLY

PAID: Y / N

TICKETS:

VEHICLE PASSES:

PLOT:

NAME OF FIRM & APPLICANT:	
ADDRESS:	
POSTCODE:	PHONE:
EMAIL ADDRESS: Vehicle Registration Number:	
WEBSITE:	

TYPE OF PRODUCT / DISPLAY / GOODS:

YOUR STAND	COST	
Craft Tent Fee (please indicate if you would like more than one pitch, and adjust the price accordingly)	£50.00	
Do you need an electricity supply? Delete if not required, if yes please complete the attached electricity form	+ £25.00	
OPTIONAL EXTRAS	QTY	COST
Additional Adult Entry Tickets @ £10.00 per ticket (max 10)		
Individual Membership - £20.00 / Individual Patronage - £80.00		
After Show Party Entry Wristband £15 each		
First Aid Donation - £2.00 required		2.00
TOTAL COST		

<i>I / We hereby agree to the Booking Agreement and have returned the necessary Health and Safety Risk Assessment Form, together with copies of any certificates required. We will digitally store your information in order to process your entry and by signing this form you also agree for us to store your information. Please refer to our privacy policy on our website regarding your personal information.</i>	
SIGNED:	
PRINT NAME:	DATE:

RETURN COMPLETED APPLICATION FORMS & RISK ASSESSMENT PACK TO – Sally Hull, 7 Calder Drive, Catterall. PR3 1ZL.

Please note that applications will not be considered unless accompanied by a completed Risk Assessment Form, Insurance Form and Payment. Cheques should be made payable to "Garstang Show"

BOOKING AGREEMENT FOR CRAFT EXHIBITORS

1. I wish to book a space as detailed above. I understand I must adhere to the art/craft description described overleaf. A minimum of 80% of all products is expected to have been crafted by me or a member of my immediate family, living in the UK.
2. To comply with Health & Safety no goods must block the alleyways, which means I cannot place goods outside my allocated space of approx. 8' x 6' and that I cannot place goods in front of my table unless they are within my marked area i.e. I move my stall back to maximise the use of the allocated space
3. I have completed and returned a risk assessment and insurance confirmation form with my name, address, signature, and date I made this assessment, plus insurance details (if my insurance details change prior to the show, I will undertake to forward new details to the craft tent organiser). I understand that if this is not returned I cannot be given a stall space.
4. I undertake that all my own electrical equipment is tested and is safe to use. If any damage is caused by my equipment being faulty, I understand that I must replace the damaged equipment. If electricity is required, I will complete and return the Electrical Appliance Notification Form.
5. I agree to have my stall ready by 9:00 am and all aisles will be left clear of boxes etc. I will not pack up until 5:30 pm and will stay until the end of the event. (All vehicles to be removed to the car park by **8:30 am** and will not be allowed back on before **6:00 pm**). **Please note no cars will be allowed onto the show field after 8am.** If I do not arrive in time I accept I may have to carry my goods from the car park. (These are very strict Health & Safety measures and must be complied with. No stall will be granted without adherence to these rules)
6. By exhibiting at Garstang Show, I understand that the Show is not responsible for any loss, damage, or theft of my property whilst I am on the premises.
7. I have enclosed my cheque made payable to **Garstang Show** for the above requirements. I understand that if I cancel my space within 28 days prior to the event no refund will be given.
8. All gas cylinders used on site must adhere to all safety regulations.
9. Should your vehicle/s and/or equipment require towing onto/ from the show field in the event of inclement weather, the trustees, organizing committee, nor any of their servants shall be held responsible for any loss, injury or damage sustained by the applicants, their property, or their assistants. The Society accepts no liability whatsoever and should the applicant not agree to the terms then they will be left to organize their own entrance/exit onto the show field, except in the event that your vehicle is causing an obstruction to other traffic or a show entrance or exit and cannot be moved by you within a very short timeframe to allow the free flow of traffic again. In these circumstances the society will be permitted to move the vehicle by whatever means necessary and subject to causing as little damage as possible to the vehicle but will accept no liability for any damage as a result of the same.

GUIDANCE FOR ACCOMPANYING DOCUMENTS

1. RISK ASSESSMENT - To be completed by ALL Exhibitors

Using the guidelines shown below please consider what risks there are to those building up Trade Stands and to members of the public during the show. Outline the steps you propose to take to minimize those risks when completing the Risk Assessment Form.

HAZARD	HAZARD SEVERITY	HAZARD PROBABILITY	PERSONS AT RISK	CONTROLS TO MINIMIZE RISK
<p>Look for hazards which you could reasonably expect to result in significant harm. For example:</p> <ul style="list-style-type: none"> • Slipping / Tripping hazards • Chemicals / Dust / Fumes • Moving machinery parts • Working at heights • Vehicles / Noise • Manual Handling • Livestock / Animals 	<p>Rate the severity of each hazard using the numbering system below:</p> <ol style="list-style-type: none"> 1. Negligible (Remote possibility of harm) 2. Marginal (Slight injury, minor first aid) 3. Slightly dangerous (some injury, not too serious) 4. Dangerous (serious injury or damage) 5. Very Dangerous (could cause death or widespread injuries) 	<p>Rate the probability of each hazard using the numbering system below:</p> <ol style="list-style-type: none"> 1. Improbable (unlikely to happen) 2. Remote (may occur at some time) 3. Possible (likely to occur at some time) 4. Probable (very likely to occur) 5. Very Probable (very likely to occur soon) 	<p>Think about groups of people who may be at risk from the hazard you have identified. For example:</p> <ul style="list-style-type: none"> • Your own staff / exhibitors • General public • Anyone taking part in activities at your trade stand • Children • Visitors with disabilities 	<p>What steps will you be taking to minimize the risk of these hazards?</p>

2. ELECTRICAL APPLIANCE NOTIFICATION - To be completed by ALL Exhibitors requesting an electricity supply to their stand

3. INSURANCE CONFIRMATION - To be completed by ALL Exhibitors

RISK ASSESSMENT FORM

GARSTANG SHOW - SATURDAY 3rd AUGUST 2024

NAME OF FIRM:	RESPONSIBLE PERSON:
PRODUCTS TO BE EXHIBITED:	
DATE ASSESSMENT COMPLETED:	SIGNATURE OF ASSESSOR:

HAZARD	HAZARD SEVERITY	HAZARD PROBABILITY	PERSONS AT RISK	CONTROLS TO MINIMIZE RISK

ELECTRICAL APPLIANCE NOTIFICATION

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NAME OF FIRM:	RESPONSIBLE PERSON:
DATE FORM COMPLETED:	SIGNATURE:

Please list all electrical items which will be used on your stand, including the wattage for each item. Maximum 2000W (2kW) per stand.

All appliances intended for use on the showground must carry an up-to-date Portable Appliance Test Certificate or similar and the certificate must be lodged with the Society prior to Show Day.

All caravans and mobile display units must carry an up-to-date Electrical Inspection Certificate or similar and the certificate must be lodged with the Society prior to Show Day. Failure to do so will mean that we cannot supply a connection to your electrical equipment.

If any of your electrical appliances are deemed to be unfit by the Society electrician these will be disconnected from the supply.

Should your equipment require the attention of the electrician on show day a charge will be raised at the current rate.

Garstang & District Agricultural & Horticultural Society accepts no responsibility for the damage or loss of data software or hardware of computers or computer-based systems due to the electricity supply available.

TYPE OF ITEM	WATTAGE OF ITEM

INSURANCE CONFIRMATION

GARSTANG SHOW - SATURDAY 3rd AUGUST 2024

NAME OF FIRM:	RESPONSIBLE PERSON:
ADDRESS:	
POSTCODE:	PHONE NUMBER:
EMAIL ADDRESS:	

I / We hereby confirm that we hold valid public liability insurance, which will cover the above event as follows:

INSURANCE COMPANY NAME:	
POLICY NUMBER	AMOUNT COVERED:

SIGNED:	DATE:
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