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| **Payment type (Bank transfer/cheque):** |  |
| **Payment Total:** |  |
| **Payment details:** | **Triodos Bank****Miss C Andrews****A/c: 21936641 Sort: 16-58-10** |

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| **Name of Organisation/Stall holder** |  |
| **Name of organisation representative** |  |
| **Address of Organisation/Stall holder (including postcode)** |  |
| **Contact Telephone numbers:** |  |
| **Contact Email address** |  |
| **Facebook name if different from above name(s)** |  |

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| **Type of stall (Crystal sales, Reiki practitioner etc)** |  |
| **1 x 4 ft Table (provided) = £22** |  |
| **1 x Extra Table (please check with me first due to space limtation) = £22**  |  |
| **1 x Treatment couch space (couch not provided) = £22** |  |
| **Do you require additional seating?** **(I will provide 2 for everyone)** |  |
| **Do you requite electricity (for necessity, rather than to make your stall pretty!)** |  |
| **Would you like to offer a talk or demonstration? What subject/demonstration would this be?** |  |

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| **Copy of attached or included documents:** |  |
| **Insurance copy** |  |
| **Cheque (if paying by cheque)** |  |

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| **Are you willing to offer something for a charity raffle on the day? If so, any idea?****Please bring it with you, or a gift voucher to add to the welcoming stall!**  |  |

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| ***By signing this, or filling it out and returning electronically), you agree to the terms of sale - that no refunds will be given should you fail to attend, and you agree to the terms and conditions as set out in the “Terms and conditions”.*** ***This is to assure we are coming together in agreement for the highest good of all who hold stalls and all who attend, as well as meeting the agreements set out by the Hall for us to continue to using the hall in future.***  |
| **Signature** |  |
| **Name** |  |
| **Date** |  |

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| **Forms to be returned to:****By post:** | **C M Andrews, Flat 3, 3 Broad Street, Builth Wells, Powys, LD2 3DT**  |
| **By email:** | **carolinemaryandrews@hotmail.com** |