

# BEENLEIGH SHOW SOCIETY

Phone (07) 3807 1871  
Email: admin@beenleighshow.com.au

Beenleigh Showgrounds  
1 – 19 Showgrounds Drive, Beenleigh.  
ABN: 61 641 028 413

All correspondence to:  
The CEO and Secretary,  
PO Box 66, Beenleigh Q4207

## ANNUAL SHOW : Saturday, September 28, 2024. TRADE SPACE APPLICATION

COMPANY: .....ABN: .....  
FULL NAME OF APPLICANT: .....  
POSTAL ADDRESS;.....  
.....POST CODE.....  
PHONE: .....MOBILE:.....EMAIL: .....

**SITE APPLICATION:** Sites will be left on a first in first served basis, there will be no exceptions. No site will be "held" for any stall holder until full payment has been received. The Beenleigh Show Society reserves the right to move sites as required but only after consultation with the stall holder.

**INDOOR SITE (very limited available):** YES / NO **PRICE FOR FOOD VANS UPON APPLICATION**

SIZE OF DISPLAY: 3 mtrs x 3 mtrs \$242: **or** 6 mtrs x 3mtrs \$440

BRIEF DESCRIPTION OF GOODS TO BE DISPLAYED/ SOLD: .....

**OUTDOOR UNDERCOVER SITE:** YES / NO

SIZE OF DISPLAY: 5 mtrs x 3.6 mtrs \$176 **PRICE FOR FOOD VANS UPON APPLICATION**

BRIEF DESCRIPTION OF GOODS TO BE DISPLAYED/SOLD: .....

**OUTDOOR SITE:** YES / NO **PRICE FOR FOOD VANS UPON APPLICATION.**

SIZE OF DISPLAY: 5 mtrs x 3 mtrs \$143: Other: .....mtrs x..... mtrs Cost upon application

BRIEF DESCRIPTION OF GOODS TO BE DISPLAYED/SOLD: .....

**BANK ACCOUNT DETAILS: Westpac Bank BSB 034605 Account No. 000041**

NUMBER OF TRADE PASSES REQUIRED: An allocated number of passes will be included in site fees. Additional will be available at \$10 each. Number of Trade Passes required .....  
Wristbands will be posted or held for collection at the show office in which case they must be collected before entry into the grounds.

*I have read and agree to abide by the Conditions and Rules set out by the Beenleigh Show Society.*

Signature of Applicant.....Date.....

**Please ensure you have provided your Public Liability Certificate when submitting your application form.**

FOR OFFICE USE ONLY: Insurance Provided: YES / NO  
SITE LOCATION:..... SITE NUMBER ..... SITE FEE: .....

PAYMENT RECEIVED: \$ ..... Pass Numbers: .....  
NO. of passes included in site fee/s: .....Additional passes required: ..... Total Passes .....