

WORKSHOP APPLICATION FORM



Please email completed form to: info@walchafarmersmarket.org.au
or send to: Walcha Farmers Market, PO Box 217, Walcha NSW 2354.

TITLE (MR / MRS / MISS / MS / OTHER (PLEASE SPECIFY):

FIRST NAME:

SURNAME:

BUSINESS NAME (IF APPLICABLE):

ABN (IF APPLICABLE):

ADDRESS:

POSTAL ADDRESS (IF DIFFERENT TO ABOVE):

PHONE:

MOBILE:

EMAIL:

WEBSITE:

Declaration

I have received and agree to abide by the **Terms & Conditions** of the Walcha Farmers' Markets (please tick)

I am applying for a **Farmers' Market Workshop** commencing _____ (date of market – 3rd Sat of month)

Time of _____ am (9.30am or 11am)

Please provide a brief explanation of your demonstration: *(for example, cooking/garden related, children or adult experience, etc)*

Turn page over if you need more space

Any other requests including equipment

(e.g. need to have your vehicle parked behind the workshop area, need a BBQ or cook-top)

Turn page over if you need more space

I would like to request added equipment if possible

Turn page over if you need more space

I give permission for the Walcha Farmers' Markets to **display my information on their website** (please tick)

(Please email your logo for display on the website to: info@walchafarmersmarket.org.au)

SIGNATURE

DATE