



President:	James Hooke	0458 428 366
Vice President:	Wayne Relton	0427 947 041
Secretary:	Sarah Fulton	0432 424 880
Treasurer:	Ernie Abeysekera	6558 1055
Public Officer:	James Hooke	0458 428 366

CHILL OUT



Gloucester Winter Festival

Stall Booking Form 27th July 2019

Stall Type	Amount	Number of Sites Required
Local Market Stall (postcode 2422)	\$65.00	
Visiting Market Stall (outside 2422)	\$80.00	
Local Not for Profit Stall	\$25.00	

* The Chamber is not registered or GST – GST is not included

Direct Deposit Details

Bank: Holiday Coast Credit Union
Account Name: Gloucester Chamber of Commerce & Industry Inc.
BSB: 721-000
Account: 100030132
Reference: Stall Name

This application for must be completed and returned with the signed declaration to the Event Coordinator Linay Eagar by Mail (PO Box 111, Gloucester 2422) or email chilloutfestivalgloucester@gmail.com by 30 June 2019.

Applications will not be considered valid until the application form is received along with the signed declaration, a copy of your insurance certificate of currency and payment. Late bookings may be accepted after 30 June 2019 and will be subject to a \$10.00 Late Fee.

All stall holders are to be vacated from the street by 3:30pm and will be subject to a \$50 fee if not compliant.

Please note, all stall holders must provide their own power and only use compliant electrical cables and equipment.

Stall Name	
Contact Name	
Address	
Phone	
Mobile	
Email	
Description	
Insurance Policy Number	
Insurance Expiry Date	



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A circular graphic with a rainbow gradient, containing a stylized mountain range and a winding path.

Gloucester Winter Festival

DECLARATION OF PARTICIPATION AND AGREEMENT TO RISK MANAGEMENT PLAN

This agreement when signed will form part of the participation register to be held by the Gloucester Chamber of Commerce & Industry Inc.

I the undersigned do hereby declare that I am participating in the 2019 Gloucester Chill Out Festival as a Stall Holder;

1. I agree to abide by the directions and requirements of the Gloucester Business Chamber of Commerce & Industry Inc. or their nominated representative in all aspects of safety, conduct and ethical practice during the event on Saturday 27th July 2019
2. I agree to comply with the requirements set out in the Risk Management Plan and further agree to assist and cooperate with further development of the plan and further agree to provide freely to the Chamber of Commerce and information that may be relevant to the Risk Management Plan and any other plan arising from it
3. I also understand that if I, or any of my employees or charges, willfully or otherwise disregard the requirements set out in this plan, I may risk refusal of participation in the future events organized by the Gloucester Chamber of Commerce & Industry Inc.

Signature:

Print Name:

Date:

General Enquiries: 0408 445 326
Email: gloucesterchamber@hotmail.com
Website: www.gloucesterchamber.com.au

Mail: P O Box 111 Gloucester 2422
ABN: 85 990 435 483