



**The Brecknockshire Agricultural Society**  
 Established 1755  
 Patron: HRH The Prince of Wales  
 Registered Charity number: 1107710  
 www.breconcountysociety.co.uk  
 Show Office, c/o Hay & Brecon Farmers  
 Ffrwdgrech Industrial Estate, Brecon, Powys LD3 8LA  
 Telephone 01874 611881 E-mail breconshow@gmail.com



**BRECON COUNTY SHOW – SATURDAY 4<sup>th</sup> August 2018**

**TRADE STAND APPLICATION**

**Closing date for applications 9<sup>th</sup> July 2018**

**PLEASE PRINT CLEARLY**

Company Name: .....

Contact Name: .....

Business Address: .....

..... Postcode: .....

Email: .....

Contact Telephone: ..... Mobile: .....

*Please note that any food sold must be from a stand within the Food Hall so as not to conflict with the food concessions*

Space Required	Cost per metre frontage	Frontage (m)	Depth (m) (not to exceed frontage)	Total Cost
Rural Craft Marquee (Min. 2m)	£20.00		2m (fixed)	£
Food Hall Marquee (Min. 2m)	£25.00		2m (fixed)	£

**PLEASE NOTE: TABLES & CHAIRS ARE NOT PROVIDED, BUT CAN BE HIRED. SEE PRICE DETAILS BELOW.**

Rural Craft and Food stalls must be in multiples of 2m ( i.e. 2m, 4m, 6m etc)

Electricity: (Mains 230-240V)	Cost per connection	No. required	Total cost
Rural Craft/ Food Hall	£30.00		£

**Furniture Hire:**

	Price per item	No. required	Total Cost
1.8m Table	£9.00		£
Chairs	£3.50		£

<b>Please mark Payment Method</b>	<b>BACS</b> <b>CHEQUE</b>	<b>Grand Total</b>	<b>£</b>
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*Preferred method of payment is by BACS: NatWest, Brecon. Sort Code 51-81-27 Account No 86616978 or Cheques made payable to "Brecknockshire Agricultural Society". Receipts will be sent out with tickets / by email. If you wish your application to be acknowledged as received, please send a SAE or provide an email address.*

**Vehicles servicing Rural Craft/Food stalls must park in Orange Car Park after unloading.**

**Details of generator or electrical equipment to be used: .....**

**Brief Catalogue Description: .....**  
 .....

**I/We acknowledge receipt and accept the conditions of Regulations for Trade stands enclosed and agree to abide by them. I have read and signed the data protection form overleaf. And completed and signed the risk assessment form attached. Payment is required in advance to secure booking due to demand. Refunds are not available for non-attendance.**

**Signature: ..... Date: .....**

# The Brecknockshire Agricultural Society



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## The Data Protection Act 1998

The information supplied on this form will be retained by The Brecknockshire Agricultural Society on a database and will be used to compile Brecon County Show Catalogues for sale on Show day. Show results may be distributed following the event, or an electronic list posted on the website. The information may also be used for promoting Brecon County Show purposes; you may be contacted by letter, telephone or e-mail with details of future events organised or promoted by Brecon County Show that might be of interest to you.

### Use of the information I provide is for Brecon County Show purposes only

I understand my personal details such as phone number/s, email address and business/home address will not be revealed to any third parties.

**Signed:** ..... **Date:** .....

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## RISK ASSESSMENT FORM

**BRECON COUNTY SHOW**  
**Saturday, 4<sup>th</sup> August 2018**

### GUIDELINES

This Risk Assessment is to be completed by all Trade Stand, Rural Craft & Food Hall exhibitors and Charities. Please consider what risk there may be to those building up the trade stand/exhibit and to members of the public on Show day. If, in your opinion, there is no risk please print **NO RISK**.

### HAZARDS

Please consider **ALL** possible risks including:-

Slipping/tripping e.g. Guy ropes & pegs.	Moving parts of machinery e.g. Blades
Vehicles e.g. Forklifts, cranes	Fumes/Fuel spillages
Electricity/Generators	Gas/Gas Cylinders
Hot Fluids e.g. Refreshments	Boilers/ovens/hobs
Display boards/racks/cabinets	Sharp edges
Table coverings	Rubbish/flammable substances
Hot Foods	Smoking

HAZARD	PERSONS AT RISK	CONTROLS TO MINIMISE RISK

**A FIRE EXTINGUISHER MUST BE PROVIDED AND FIRE RISK ASSESSMENT UNDERTAKEN**

Company Name	
Responsible Person	Contact Tel No
Date of Assessment	
Assessor Name	Assessor Signature

***Please return with completed application form and payment.  
Please retain a copy for your records.***