



# Kununurra Agricultural Society | Site Application Form 2012

PO Box 271, KUNUNURRA, WA, 6743 | Email: [KnaAgS@westnet.com.au](mailto:KnaAgS@westnet.com.au) | Website: [www.kas.org.au](http://www.kas.org.au)

Show Office: Phone: (08) 9168 2885 | Fax: (08) 9168 2886

Site Co-ordinator: Sarah Brett | Mobile: 0407 691 229

## **ABOUT YOU**

Name: \_\_\_\_\_

Site: \_\_\_\_\_ Commercial Site  Government Site  Community Group

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Postal Address: \_\_\_\_\_

*Your name and email address may be passed onto our programme publisher who may seek your interest in advertising in that publication*

## **ABOUT YOUR SITE**

What will you display on your site? \_\_\_\_\_

Name of Contact on Show Days: \_\_\_\_\_ Mobile: \_\_\_\_\_

Display Area Frontage (metres): \_\_\_\_\_ Site Depth (metres): \_\_\_\_\_

What vehicles will be permanently on your site during the show? *i.e. truck, caravan, motor home:* \_\_\_\_\_

**Please provide a map of your site layout including vehicles on the graph paper provided.**

Preferred Location: \_\_\_\_\_ Are you travelling with others? YES  NO

If Yes, who? \_\_\_\_\_ Would you like your sites together if possible? \_\_\_\_\_

**PLEASE NOTE: your preference is considered but is not guaranteed.**

Do you require power to your site? \_\_\_\_\_ If so which? Single Phase  Three Phase

Do you require Water? YES  NO  How many people will be manning your site? (total): \_\_\_\_\_

What days will you be at the show? \_\_\_\_\_ Friday YES  NO  Saturday YES  NO

What day to you plan to: Arrive? \_\_\_\_\_ Depart? \_\_\_\_\_

Will you be camping on your site? YES  NO  *Caravan Park camping fees will be charged for camping outside show week.*

Do you require Insurance Cover? YES  NO  *If yes, please provide copies of your Certificate of Currency with this application.*

## **OFFICE USE ONLY**

Site Fee: \_\_\_\_\_ Invoice Number: \_\_\_\_\_

Date Received: \_\_\_\_\_ Invoice Amount: \_\_\_\_\_

Payment Received: \_\_\_\_\_ Method of Payment:: \_\_\_\_\_