**2017 Site Application Form** **Kununurra Agricultural Society**

PO Box 271, KUNUNURRA, WA, 6743 | Email: knaags@knxagsoc.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

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| **ABOUT YOU** |
| Name: |  |
| Site: | Commercial Site □ Government Site □ Community Group □ |
| Contact Person: |  |
| Telephone: |  | Mobile: |  |
| Email: |  |
| Postal Address: |  |
| **Name of Contact on Show Days:** |  | Mobile: |  |

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

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| --- |
| **ABOUT YOUR SITE** |
| What are the TOTAL dimensions of your site, **including** all vehicles, caravans, trailers or motorhomes? |
| Display Area Frontage (metres): |  | Site Depth (metres): |  |
| What vehicles will be on your site during the show? *i.e. truck, caravan, motor home:* |  |
| What are the **Display** dimensions of your site (excluding vehicles)? |
| Display Area Frontage (metres): |  | Site Depth (metres): |  |
| What will you display, sell or promote on your site? |  |
|  |

**Please include the map of your site with entry/exit points, dimensions and any vehicles required placed on it.**

 Blank page attached

|  |  |  |  |
| --- | --- | --- | --- |
| How many people will be manning your site? (total): |  | Are you travelling with others?  | YES □ NO □ |
| If Yes, who? |  | Would you like your sites together if possible? |  |

**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 □ |   |  |
| 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 no, please provide a copy of your Certificate of Currency with this application.* |

**OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| Site Fee: |  | Invoice Number: |  |
| Date Received: |  | Invoice Amount: |  |
| Payment Received: |  | Method of Payment: |  |

MAP OF SITE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_