



## 2020 Site Application Form

## Kununurra Agricultural Society

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Show Office: Phone: (08) 9168 2885

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: \_\_\_\_\_

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

*Your name and email address may be passed onto our advertising coordinator for promotional purposes*

### ABOUT YOUR SITE

What will you display sell or promote on your site? \_\_\_\_\_

Display Area Frontage in metres: \_\_\_\_\_ Display Depth in metres: \_\_\_\_\_

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

Are any vehicles a part of your display/Do they need to be on your site? YES ☐ NO ☐

What are the **TOTAL** dimensions of your site, **including all vehicles and your display area** \_\_\_\_\_

Total Area Frontage in metres: \_\_\_\_\_ Total Depth in metres: \_\_\_\_\_

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

*Draw your map on the 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: _____
Invoice Date: _____	Invoice Amount: _____
Payment Received: _____	Method of Payment: _____

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