|  |  |
| --- | --- |
| **Name of Organisation** | |
| **Contact Name(s)** | |
| Address | Telephone |
| Email | Website |
| Could we use your photos on our website/flyer/poster? YES / NO | |

|  |
| --- |
| **Please provide a summary about your organisation** |

|  |
| --- |
| **Do you need any other facilities?**  *(Each stall will be provided with a 1.8 x 0.75 m(6ft x 2 ft 6”) table and 2 chairs.)*  Power supply YES / NO  Additional chairs YES / NO |

|  |
| --- |
| **Demonstration Details**  Required length of demonstration time slot (mins):    What equipment will you be using:  Set up time required (mins): Storage space required: YES / NO |

|  |
| --- |
| **Do you have Public Liability Insurance?** YES / NO  *Please provide a copy of the certificate with this application.* |

Please email the completed form/insurance details by **Monday 30th April 2016** to:

[openday@victoriabaths.org.uk](mailto:openday@victoriabaths.org.uk)