



APPLICATION TO TRADE

(Block letters please)

Trader's Name:

Business Name:

Postal Address:

..... Post Code:

Phone: Fax: Mobile:

Vehicle registration number

Detailed description of goods offered for sale:

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I AGREE TO:

1. Trade for the entire advertised trading hours of the market.
2. Abide by the rules listed in 'Stallholder Guidelines'.

DISCLAIMER

Insurance and other liability for trader/stallholder activities at the Willunga Quarry Market is my own responsibility. The organisers of the Willunga Quarry Market are not responsible for any injury, loss or damage arising from my production, selling or participation at the Willunga Quarry Market.

Signature: Date:

Please return this form to the
Willunga Quarry Market,
P.O. Box 147, Willunga, S.A., 5172
together with a copy of your Certificate of Currency from your insurer.

**These documents must be received by market management
before trading commences.**



IMPORTANT NOTICE

I hereby give my permission for my telephone number to be passed on to potential customers who make enquiries outside market hours.

YES NO

Signature:

Please print name: