

PO Box 106  
 Mount Gambier SA 5290  
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 Email: [admin@mgshow.com.au](mailto:admin@mgshow.com.au)



Office Use only	
Inv No:	_____
Rec.No	_____
Insurance Provided: Yes / No	

## TRADE SPACE APPLICATION

# *Autumn Market 2025*

BUSINESS NAME:	ABN:
Description of Exhibit. Please provide all items you are selling.	
Please provide a photo of your set-up for mapping purposes	
FACEBOOK NAME:	
FOOD VENDOR -: Yes / NO	SA FBN Number -:
CONTACT NAME -:	TELEPHONE -:
ADDRESS -:	Post Code -:
EMAIL -:	

### SITE DETAILS

EXACT FRONTAGE REQUIRED -: ___m Width x 3m Deep	Power required -: Yes / No
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Indoor Site Main Hall, 3m x 3m	\$44 each
Outdoor, 3m x 3m sites	\$33 each
Public Liability Insurance Option	\$20

### Payment Details

Payment of \$	EFT Reference No
EFT Details:- Bendigo Bank : Account Name – Mount Gambier A&H Society	
BSB:	633-000
Account No:	122 059 033

I, the representative for the exhibitor hereby applies to be licensed to exhibit and agree to abide by the terms and conditions as set out in the Twilight Market Information brochure.

Signature of Exhibitor \_\_\_\_\_ Date \_\_\_\_\_

**A copy of your current insurance policy needs to be included with your application form.**

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