



Festival Event Registration Thursday 28th March – Monday 1st March 2013

About You:

Your Name: **Business Name:**

Business Address: Postcode: Telephone Number: Mobile Number: E-mail Address: Website:
--

Your Address: Postcode: Telephone Number: Mobile Number: E-mail Address:

About your Event or Activity:

The Chocolate Festival will run from Thursday 28th – Monday 1st April 2013, however events can run at any time over the Easter holiday period. Please provide information below about the activity you wish to run during the York Chocolate Festival Market.

How can participants attend?:

Please describe how participants can attend, if tickets are required how do they purchase these? Please also include any exclusions or relevant health & safety information.

When will your event take place: Date: _____ Time: _____

Where will the event take place: _____

Who is this event suitable for (i.e. families, special dietary requirements):

Are there any exclusions or necessary health and safety information relevant to this event?

Ticket prices: _____ Concessions? _____

How can participants book to attend? _____

Contact details for further information (to be published) _____

Website address for this event: _____

About your public liability insurance:

It is a condition of participation at the event that you are in possession of Third Party Public Liability Insurance in the sum of a minimum of £2'000'000. Please complete the following:

Insurance Broker/Company
Address:
.....
Postcode:
Telephone:
Policy Number:
Expiry Date:

Please attach a copy of proof of your public liability insurance cover

Applicants statement: (please tick where appropriate to confirm acknowledgement)

- I agree to organize and deliver the event detailed
- I agree that the information and images provided can be used to promote York Chocolate Festival
- I agree that we will promote the York Chocolate Festival brand and celebration within the promotion of this event.
- I understand that my details will be featured in the Festival program
- I have attached a copy of proof of my Public Liability Insurance cover

Signed _____

Date _____

Office Use
Date Received: _____
Signed: _____ Allocated stall: Yes/No Area allocated: _____