



# P (UK) West Midlands Show

Three Counties Showground,  
Malvern, Worcestershire WR13 6NW

8th April 2010

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Position in Company \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Brief Description of business & goods or services to be displayed at the show:

Tradestands may enter the showground on 7<sup>th</sup> April between 2 – 5.30 pm and must clear the site by 12 noon 9<sup>th</sup> April

If exhibiting for the **FIRST** time you **MUST attach a colour photograph** of the Trade Stand. Please submit a copy of your Public Liability Insurance **minimum cover of £2,000,000**. A Completed **Risk Assessment form MUST** accompany your Tradestand application.

**Please return by the 8<sup>th</sup> March with appropriate fee**

**Type of stand:** Marquee Lorry Caravan Awning Prom. Unit

**All guys, struts, displays and signs must be included within your plot**

Grass (\*no parking behind) 10metre x 10 metre £75.00 + VAT £ \_\_\_\_\_

With parking of back up vehicle 10 metre x 6 metre £65.00 + VAT £ \_\_\_\_\_

The allocation of space available is subject to limited availability. The positioning of stands will be dealt with at the discretion of the Association.

Cheques made payable to Ponies (UK) Credit card details below Type of Card \_\_\_\_\_

Card No: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiry Date: \_\_ / \_\_ Issue No: \_\_

I/We understand that I/we are responsible for the safety of my/our stand and the risks it may pose to other persons within the allocated space or immediate surrounding areas. I/We agree to abide by the rules, regulations and conditions as set in the Ponies Association (UK) Trade Stand Manual and are bound by the rules of the Association. I/We confirm that we hold Public Liability and are covered to a minimum of £2,000,000

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

### FOR OFFICE USE ONLY

Date received	Deposit Enclosed	Balance O/S	Invoice Number	Balance Paid	CC or Cheque

# RISK ASSESSMENT FORM

Name of Show \_\_\_\_\_

Company Name \_\_\_\_\_

Position in Company \_\_\_\_\_

Signed By \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

If in your opinion there are no risks, print NO RISK. Otherwise use the guidelines below to assist you in completing the form

HAZARD	PERSONS AT RISK	ACTION TO MINIMISE RISK

## FIRE ASSESSMENT

HAZARD	PERSONS AT RISK	ACTION TO MINIMISE RISK
*Liquid Petroleum Gas (LGP) On site? YES/NO Please delete as applicable	Cylinder Size	

HAZARD	PERSONS AT RISK	ACTION TO CONTROL RISK
Hazards that you could reasonably expect to result insignificant harm E,G: Slipping/Tripping	Who these hazards may effect such as people doing similar work e.g.: Site Staff	For the hazards listed, do the precautions already taken Reduce the risk as far as reasonably practicable
Chemicals (E.g.: Battery acid)	Members of the public	Comply with recognised Industry
Livestock on Stand	Maintenance personnel	Have you provided enough information, training or instruction
Manual Handling	Operators	Have you provided adequate procedures
Moving parts of machinery	Contractors	
Electricity		
Vehicles		
Fire hazard e.g. combustible materials (rubbish) flammable substances and ignition sources (e.g.: flames, smoking)	Pay particular attention to visitors, people with disabilities, inexperienced workers, lone workers	Means of escape, fire detection and alarms. Fire fighting equipment are fire evacuation plan