



BILLINGHAM SHOW 2025

Non-Trader Participation Form



Event Details: The Billingham Show 2025
Date: Saturday 6th & Sunday 7th September 2025
Time: 10:00 AM - 4:00 PM daily
Location: John Whitehead Park, Billingham, TS23 2DD

Contact Information

Full Name:

Organisation (if applicable):

Address:

.....

Postcode:

Phone:

Email:

Participation Details

Type of Activity/Display (please specify):

Space Required (approximate dimensions):

Schedule Preference (please tick)

- Saturday 6th September only
- Sunday 7th September only
- Both days

Requirements (please tick all that apply)

- Table(s) - Quantity: ____
- Chairs - Quantity: ____
- Covered Area
- Vehicle Access for Setup
- Other (please specify):

Setup Information

Preferred Setup Time (please tick)

- Friday (time TBC)
- Saturday morning (before 9:30 AM)
- Sunday morning (before 9:30 AM)

Additional Information

Please provide any additional details about your display/activity:

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Public Liability Insurance

Do you have Public Liability Insurance?

Yes (Please attach a copy with your application)

No

Insurance Provider:

Policy Number:

Expiry Date:

Health & Safety

Risk Assessment Provided?

Yes (Please attach with your application)

No

Declaration

I confirm that all information provided is accurate and I agree to comply with all event rules and regulations.

Signature:

Date:

Please Return To:

Email: kate.minza@billingham-tc.gov.uk

Office Use Only:

Date Received:

Application Number:

Approved By: