** 2020 Venue Application Form**

**www.tasteofthame.co.uk**

**EVENT DETAILS**

**LOCATION:** Thame Town Centre. Specific Venue to be confirmed

**DATE:** Saturday 30 May 2020

**SET-UP / BREAKDOWN TIMES:** 9am-10.30am / 4-5.30pm\*

**EVENT TIMES:** 11am-4pm\*

**CONTACT DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Tel No |  |
| Email |  |

**STALL DETAILS**

|  |  |
| --- | --- |
| Business Name |  |
| Address of Business |  |
| Details of activities/ produce/ ideas/ events etc. you hope to provide |  |
| **Please tick how you would like to be involved**  Feature your own products/ menus in some way  Featured a local Producers e.g.as part of a special menu you create  Other (please detail below) | |

**PERMISSIONS** (please tick to confirm agreement)

|  |  |
| --- | --- |
| I am happy for my name and contact details to be given to other Taste of Thame participants members of the Taste of Thame committee for the sole purpose of the delivery of this event |  |
| I am happy for any images I supply to be used on the Taste of Thame Website, social media platforms and in press releases to promote Taste of Thame |  |

**PROMOTION**

|  |  |
| --- | --- |
| Facebook page details |  |
| Instagram page details |  |
| Website details |  |
| Twitter details |  |
| Details of any #hashtags you use or other relevant links |  |

**IMPORTANT INFORMATION**

Please read the Terms & Conditions for the event carefully prior to submitting your application form.

Taste of Thame regards your privacy as important and any personal information you give to us will be used in accordance with the law. Please read our privacy notice at www.tasteofthame.co.uk

**Please include the following information with your application form and tick to confirm this:**

Image(s) of your venue/produce (3 hi-res)

**AGREEMENT TO TERMS & CONDITIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| I wish to take part in Taste of Thame on Saturday 30 May 2020. I confirm that I have read your Terms & Conditions and am happy to abide by these. | | | |
| **Signature** |  | **Date** |  |
| **Print Name** |  | | |

Please complete and return to becky.reid@thametowncouncil.gov.uk or Thame Town Hall, High St, Thame, OX9 3DP.