

APPLICATION FORM

GALWAY GARDEN FESTIVAL
SATURDAY 10TH AND SUNDAY 11TH JULY 2010
CLAREGALWAY CASTLE
CLAREGALWAY
CO. GALWAY.

Participants Name:	
Name of Nursery or Garden Retailer:	
Address:	
Contact Details	Telephone: _____ Mobile: _____
Email Address:	
Details of your stall ie: plants, furniture etc	
Rare, unusual or Special plants: Please give details:	
Number of stalls required:	1 stall @ €70 each 2 stalls @ €110 each
Return completed forms by 24 th May 2010, to:	Padragin O'Donoghue, (Events Manager), Claregalway Castle, Claregalway, Co.Galway
Cheques/drafts made payable to:	GALWAY GARDEN FESTIVAL

You are requested to sign below, acknowledging that you have read and understand the terms and conditions of the event, and that you will follow the instructions of security and officers at the event.

Signed: _____

Date: _____