

PRESENTS



SUNDAY 21ST MAY 2023

10.00 am - 4.00 pm

MANY STALL, FOOD, YOGA, PILATES, MASSAGE, SOUND BOWL HEALING, CACAO CEREMONY AND MORE, talks on menopause and mental health

Please complete the application form for stalls, static displays, stands or food stalls.

Any food stalls must first and be accepted by organisers, they must hold the relevant insurance and hygiene certificate.

Stalls can be shared amongst other traders.

The price of Stalls does include advertising on our social media page and newsletters.

ANY QUESTIONS PLEASE DON'T HESITATE TO CONTACT US

Tel: 01903 202926

Email: info@dharmaclinic.co.uk

Website: www.dharmaclinic.co.uk

INSTRUCTION PREP FOR STALL HOLDERS

- Please arrive from 6am-7am on the day of the event
- You will enter the barriers by the side of Splash Point and Beach House Grounds.
- You will be shown to your pitch which will be numbered and measured at 2.5m x
 2.5m per edge and next to another stall trader. (We will spread the traders evenly so you will not be near a trader selling the merchandise)
- You cannot park your car by your tents.
- Please be set up and ready to go by 9.30
- Please take your rubbish home and leave the green as you find it
- No refunds are given for booked pitches, full payment must be made via bank transfer once you have been confirmed of the booking
- Please fill out your risk assessment form that we have designed for you for your stall,
 return the form via email or give it to us on the day

<u>VEHICLES – DRIVERS</u> <u>PLEASE NOTE</u>

For safety, no vehicle movements will not be permitted between the times of 9.30 and 4.30 except for emergencies. Any movement of vehicles on the GREEN must be under the directions of the event marshal.

Please return the form to

Dharma Well-Being Clinic

5-6 Barclays Building, Chapel Road, Worthing, BN11 1EY



Mindful Well - Being RETREAT FESTIVAL

STALLS

Business Pitches: 2m wide £80 Charty Pitches: 2m wide £50 Food Pitches: £300

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Number of pitches: 1 2 3		
Type of stall:		
Sale: Food: Git	ft:	Fun:
Description		
Business:		
Name of Organiser / Person Responsible	:	
Phone number:		
Email:		
Address:		
l We require your signature as you will agree not to use yo (Dharma Clinic) against any claims brought against you / v		
To pay by BACS: Dharma Clinical Therapies LTD	23-05-80, AC 4571	8239
Please return the form by 28 th Feb		
Signature	Date:	