

# AFRICA BIKE WEEK™ 2011

## EVENT VENDOR APPLICATION FORM

29th April - 1st May 2011



Name of business: .....

Full name of Owner: .....

Address: .....

City:.....Postal Code: .....

Telephone number: .....Cell Number: .....

E-mail : .....

### BANKING DETAILS

Bank: .....

Name of account holder: .....

Account number: .....

Branch and code: .....

Type of Account: .....

Type of merchandise/services to be sold (please provided detailed information):

.....  
.....

Insurance:  Yes  No:

Electrical requirements: .....

Water requirements: .....

Space required:.....

Please keep a copy of this form for yourself and fax/mail a copy to the site coordinator

Denise Barnard at [denise@afribikeweek.com](mailto:denise@afribikeweek.com) or fax to 086 541 1564.

Vendors build up: 27th to 28th April 2011 :: Vendor Judging: 28th (18h00) April 2011

### DO NOT WRITE IN THIS BOX – FOR OFFICIAL USE ONLY

Date contract signed: ..... Date fee received .....

Amount: R.....

Lot number assigned: .....

Vendor approved by: .....

RALLY COORDINATOR:.....