



spacecraft

SHOP/GALLERY APPLICATION FORM

Please fill in **all** the SECTIONS below. This information will be used for administration and P.R. purposes. **Please return with the SUPPORTING MATERIALS to: County Down Crafts, Space CRAFT, 9b The Fountain Centre, College Street, Belfast, BT1 6ET**

SECTION 1: Your Details	
Contact Name:	
Name of Business:	
Address (Street):	
Address (Town/Village):	
Address (County):	
Address (Postcode):	
Telephone:	Email:
Mobile:	Website:
Price Range (SHOP):	Price Range (GALLERY):
Craft Discipline: (see list on the back of this page)	
Description of your work: This description may be used for PR purposes so make sure to choose your selection of words carefully. Do not exceed 10 words.	

SECTION 2: Other Details (please tick)	YES	NO
I would like to participate in SPACE CRAFT SHOP		
I would like to participate in SPACE CRAFT GALLERY		
I would like to 'Express An Interest' in SPACE CRAFT EXHIBITION AREA and have enclosed my Exhibition Proposal		
Are you a Member of County Down Crafts?		
If NO, do you agree to become a Member?		

SECTION 3: Supporting Materials (please tick)	YES	NO
Enclosed: Copy of your Insurance Policy		
Enclosed: Up to 6 good quality images (on CD)		
Enclosed: CV		
Enclosed: Brochure		
Enclosed: Payment (please state the amount in the YES box)		

I would like to participate in SPACE CRAFT SHOP/GALLERY and agree to pay the appropriate cost/s by the stated deadline/s. I am committed to participation for one year. I, the undersigned, hereby indemnify County Down Crafts and its employees against any injury to, or the death of any person or any loss or damage to any property or any claim, demand proceedings, charge, costs or liability arising in connection with my participation in SPACE CRAFT SHOP/GALLERY. I confirm that all work has been made by me and that I have the necessary insurance for participation. I have enclosed a current copy of my Insurance Policy.

SIGNED: _____ **DATED:** _____

