

# FARMER PHIL'S 2012 FESTIVAL BOOKING FORM



THERAPISTS 10 <sup>th</sup> , 11 <sup>th</sup> AND 12 <sup>th</sup> OF AUGUST	
Trading Name	
Address	
Phone Number / Mobile	
Email Address	
Website	
What Therapies do you perform	
Number of people attending stall	
Please define the treatments you offer	
Do you have public liability insurance	
Do you require electric	
Any special requirements	