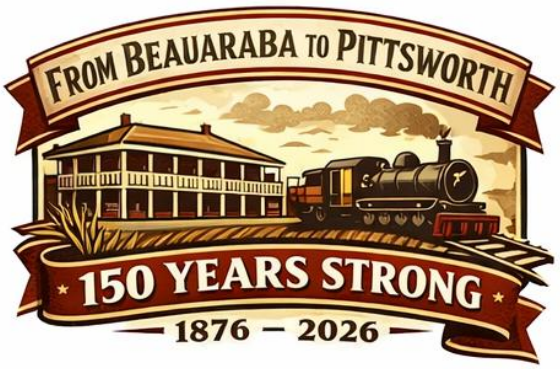

Participant Registration Form

Historical Display in the Town Hall
150 Years of Pittsworth Celebration

Date: Saturday, 12 September 2026

Venue: Pittsworth Town Hall, Park Street, Pittsworth QLD

Set up: Friday 11th September 2026 – Pack Down: Sunday 13th September 2026

Please complete this form if you would like to contribute items, photographs, stories, memorabilia, or a display for the Historical Display celebrating 150 years of Pittsworth.

1. Participant Details

Full name: _____

Organisation / Group (if applicable): _____

Postal address: _____

Phone: _____

Email: _____

2. Display Information

Title or theme of display: _____

Please describe the items or materials you wish to exhibit:

_____

_____

_____

Are any items original, rare, fragile, or of special significance? If yes, please provide details:

_____

_____

Do you require table space? If yes, how many tables? _____

Do you require wall/display board space? Yes / No

Approximate space needed for your display: _____

Will you supply your own stands, easels, covers, or supports? Yes / No

Will your display be manned for the event? Yes / No

3. Set-Up and Collection

Preferred set-up time on Friday from 10am to 3pm: _____

Will you be available to assist with other set-up? Yes / No

Preferred collection time after the event on Sunday Morning: _____

Will someone else collect your display items? Yes / No

If yes, name and contact details: _____

4. Care and Permissions

Please indicate your agreement with the following:

[ ] I confirm that the information provided on this form is correct.

[ ] I understand that all items are displayed at my own risk unless otherwise agreed with the organisers.

[ ] I give permission for photographs of my display to be taken and used for event promotion, local history records, and community publicity.

[ ] I will clearly label any items that require special handling instructions.

[ ] I have attached a current copy of my Certificate of Currency for Public Liability Insurance.

5. Additional Notes

Please list any special requirements, historical background notes, or stories you would like displayed with your exhibit:

_____

_____

_____

6. Signature

Signature: _____

Name & Position: _____

Date: _____

Please return the completed form to the event organisers by the requested closing date, together with a copy of your current Certificate of Currency for Public Liability Insurance.

For organiser use:

Date received: _____

Approved / Confirmed: _____

Display location allocated: _____