

**Ysgrifennydd / Hon.Secretary**  
Delyth Williams  
Neuaddlwyd Isaf, Ciliau Aeron  
Lampeter, Ceredigion, SA48 7RE

**Tel:** 01545 570 501

**Email:**  
secretary@cardigancountyshow.co.uk



**Cadeirydd / Chairman**  
Mr Aled Davies

**Twitter:** @SAberteifi

**Website:**  
www.cardigancountyshow.co.uk

## TOILETS TENDER APPLICATION FORM

Company/Trade Name:- \_\_\_\_\_

Contact Name:- \_\_\_\_\_

Address:- \_\_\_\_\_

Postcode:- \_\_\_\_\_

E-mail address:- \_\_\_\_\_ Tel/Mob No:- \_\_\_\_\_

**TOTAL AMOUNT OF TENDER BROKEN DOWN AS OUTLINED BELOW:- £**

<b>28 x Fully Flushable Toilet Units:</b>	<b>£</b>
<b>1 x Cold Wash Fully Flushable Units:</b>	<b>£</b>
<b>2 x Fully Flushable Disabled Toilet Units:</b>	<b>£</b>
<b>1 x Baby Changing Unit:</b>	<b>£</b>
<b>On Site Servicing:</b>	<b>£</b>

Signed: ..... Print Name: .....

FOR (Name of Company) ..... Dated: .....

**Please enclose the following with your Tender:- 1. Risk Assessment Form**

**2. Copy of Current Insurance Cover**

**3. Relevant Certificates**

**If the above information is not enclosed with your Tender, your Tender will not be put forward for consideration.**