**Harrogate Autumn Flower Show**

FLORAL ART ENTRY FORM 2024

|  |  |
| --- | --- |
| Contact name |  |
| Contact number |  |
| Email address |  |
| Address |  |
| Flower Club  |  |
|  |
| **Flower Arranging Classes** | **Title** | **Please tick** |
| Class A | **Foraged Delights** |  |
| Class B | **Autumn Glory** |  |
| Class C | **Spiral Spheres** |  |
| *Do you require special assistance to stage your exhibit?* |  |
| Signed |  | Date |  |

All entry forms must be returned by **Sunday 18 August 2024**.

Completed applications to:

**Mrs. Ann Simpson, Area Secretary North East Area of NAFAS,**

**65 Hawthorn Terrace, New Earswick, York YO32 4AW.**

**Email: nafas.northeast@gmail.com**

**Risk Assessment**

(to be signed & returned with entry form)

|  |  |
| --- | --- |
| Flower Club or Business Name  |  |
| Name of assessor |  |
|  |
| You are required to assess any risks or hazards to yourself, site staff and the public using the table below. If you have a Risk Assessment specifically applicable to shows, please forward it to us. Further information on completing risk assessments can be found through the following link - <http://www.hse.gov.uk/risk/>  |
| **Hazard/Risk**(Slipping, trip, lifting etc.) | **Who is at Risk?**(Staff, public) | **Control measures to manage the risk.**(tidy work area, correct lifting procedures etc.) |
| Slips and trips | Own self, public | * Suitable footwear to be worn
* Equipment used correctly
 |
| Spillages | Own self, public | * Wipe spillages up immediately

All watering to take place outside of show hours |
| Manual handling | Own self, staff | * Manual handling in accordance with the Manual Handling Operations Regulations 1992

Trolleys used for manoeuvring of heavy items |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
| Signed |  | Date |  |