

CHECKLIST OF CONSIDERATIONS WHEN CHANGING A SHOW DATE

	Task
	Date change application: SHOW _____ GROUP _____
	Current advertised date:
	Proposed new date:
	Reason for change (500 words max)
	<u>The committee has considered the following -</u>
<input type="checkbox"/>	Potential clashes
<input type="checkbox"/>	Community events
<input type="checkbox"/>	Major regional events
<input type="checkbox"/>	Shows within your Group
<input type="checkbox"/>	Other regional shows ie from other groups or across the border
	<u>Reason for change -</u>
<input type="checkbox"/>	Short term. ie COVID 19
<input type="checkbox"/>	Long term. ie Desire to change from Spring to Autumn
	<u>Things to consider, please use check box.</u>
<input type="checkbox"/>	Council approval
<input type="checkbox"/>	Time for licence applications, permits
<input type="checkbox"/>	Judges
<input type="checkbox"/>	Emergency services
<input type="checkbox"/>	Access to grounds
<input type="checkbox"/>	Committee
<input type="checkbox"/>	Sponsors
<input type="checkbox"/>	Patrons
<input type="checkbox"/>	Exhibitors
<input type="checkbox"/>	Guild
<input type="checkbox"/>	Entertainment
<input type="checkbox"/>	Market Stalls
<input type="checkbox"/>	Bio-security protocols for ground
	<u>Other considerations</u>
<input type="checkbox"/>	Insurance
<input type="checkbox"/>	Rain Protection
<input type="checkbox"/>	Costs
<input type="checkbox"/>	Cash on hand
<input type="checkbox"/>	Additional costs
<input type="checkbox"/>	Prize Money
	At the general meeting on the _____ Show Society dated ___/___/___ it was moved that the Annual Show proposed to 1. Reschedule/change the date to ___/___/___ . 2. Change the date of the _____ Show to the following _____. (ie 3rd Saturday in September).
	The _____ Show Society has considered all items on the checklist and is now seeking the support of Group _____.
	For further information or clarification of our submission please contact _____ on (phone number) or (email).
	The next general meeting of the _____ Show Society will be held on ___/___/___
	Signed _____ Name _____ Position _____ Date _____
