



Medicine Hat Farmers' Market

... With roots in our community

Name: _____
 Company Name: _____
 Address: _____ City: _____ Postal Code: _____
 Phone Number: _____ Email: _____

Market Dates:

(circle the dates you plan to attend)

May 19	May 26	June 2	June 9	June 16	June 23
June 30	July 7	July 14	July 21	July 28*	Aug 4
Aug 11	Aug 18	Aug 25	Sept 1	Sept 8	Sept 15
Sept 22	Sept 29	Oct 6	*Please note July 28 is a 2 hour market		

Number of tables required _____
Is power required _____

Deposit for the season \$75.00
(to be paid prior to starting)

Weekly table rates

\$35.00 for first table
\$10.00 each for extras

List all products that you will be selling at the Farmers' Market, these products must be approved before you can bring them to market. Use back of the page if you need more space. _____

By my signature, I declare the information on this form to be complete and accurate and I agree to pay the set rates as set out in this document. I have read the market policies provided to me and agree to follow all regulations described therein. I understand that not all applicants are granted space at the Medicine Hat Farmers' Market and this is the right and responsibility of the market manager to decide allocation of space.

I give permission for business information to be used for product referrals Yes__ No__
 I give permission for business information to be used in marketing of the market Yes__ No__
 I certify that I personally make, bake or grow all the products that I offer for sale Yes__ No__

Signature: _____ **Date:** _____

For office use only: Date: _____ Payment: _____ Cheque # _____ Cash: _____

Product approval: Producer _____ Baker _____ Crafter _____ Sundries _____ Meats _____ Other _____ Manager _____

A huge thank you to the
Medicine Hat Exhibition &
Stampede
for sponsoring us for
the past 21 years!



For more information:
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 (Farmers' Market Coordinator)
 403-527-1234
 dgunderson@mhstampede.com