



Medicine Hat
Exhibition & Stampede

**20th Annual
Farmers'
Market
Christmas**

November 3-4, 2017

Medicine Hat Exhibition & Stampede 20th Annual Farmers' Market Christmas

Business Name: _____

Vendors Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Email: _____

Check one of the following packages:

<p><u>Package 1</u></p> <p>Includes 2 tables 2 chairs</p> <p>Single Rate \$150.00 Shared Rate \$210.00</p> <p>_____</p>	<p><u>Package 2</u></p> <p>Includes 3 tables 2 chairs</p> <p>Single Rate \$195.00 Shared Rate \$250.00</p> <p>_____</p>	<p><u>Package 3</u></p> <p>Includes 4 tables 2 chairs</p> <p>Single Rate \$230.00 Shared Rate \$270.00</p> <p>_____</p>
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Package Price: \$ _____

Extras: _____

Power - \$25.00 \$ _____

Tables – (after Package 3) - \$30.00 each \$ _____

Total: \$ _____

Please indicate below all of the items you intend to sell at the Christmas Market. Give a detailed description of the products that will be on your table. Products NOT listed on this form will not be allowed at the market without permission from the manager. (attach a separate sheet if needed)

By my signature, I declare the information on this form to be complete and accurate. I agree to pay the rates as set out and acknowledge that I have read and agree to abide by the market rules and regulations. I understand not all applications are granted space at the Christmas Market and it is the right and responsibility of the Stampede to decide allocation.

Signature: _____ Date: _____

Please return completed application with payment to:
Medicine Hat Exhibition & Stampede
P.O. Box 1298, Medicine Hat, AB T1A 7N1
Attention: Doreen Gunderson
Phone: 403-527-1234 Fax: 403-529-6553
Email dgunderson@mhstampede.com

FOR OFFICE USE ONLY:

Amount: _____

Debit _____ Cash _____ Cheque # _____

Credit Card _____

Date _____ Received by _____