



Medicine Hat Farmers' Market

Presents

Market in The Park

Wednesday Evening

4:00 pm – 8:00 pm

Name: _____

Company Name: _____

Address: _____ City: _____ Postal Code: _____

Phone Number: _____ Email: _____

Market Dates:

(circle the dates you plan to attend)

May 23	May 30	June 6	June 13	June 20
June 27	July 4	July 11	Aug 1	Aug 8
Aug 15	Aug 22	Aug 29	Sept 5	Sept 12

Number of tables required _____

Is power required _____

Power is an additional \$5.00

Deposit for the season is \$75.00

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 more information:

Contact: Doreen Gunderson
(Farmers' Market Coordinator)
403-527-1234
dgunderson@mhstampede.com



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

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

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