



# Medicine Hat Farmers' Market

## 2020

### Market in The Park

### Wednesday Evenings 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)

June 3          June 10          June 17          June 24          July 8          July 15          July 29  
 Aug 5          Aug 12          Aug 19          Aug 29          Sept 2          Sept 9

**\*There is no market: July 1 – Canada Day and July 22 - as it is Stampede week.**

Number of tables required \_\_\_\_\_  
 Is power required \_\_\_\_\_  
 Power is an additional \$5.00  
 Deposit for the season is \$40.00  
Weekly table rates

\$10.00 for first table  
 \$5.00 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.  
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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 23 years!

For office use only: Date: _____	Payment: _____	Cheque # _____	Cash: _____
Product approval: Producer _____ Baker _____ Crafter _____ Sundries _____ Meats _____ Other _____ Manager _____			