



2021

# Medicine Hat Farmers' Market Returning Vendors

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Market Dates:**

(circle the dates you plan to attend)

June 5	June 12	June 19	June 26	July 3	July 10	July 17
July 24	July 31*	Aug 7	Aug 14	Aug 21	Aug 28	Sept 4
Sept 11	Sept 18	Sept 25	Oct 2			

\*Please note July 31 is a 2 hour market if Stampede takes place

Number of tables required \_\_\_\_\_

Is power required \$5.00 extra \_\_\_\_\_

Deposit for the season \$80.00

(to be paid prior to starting)

**Weekly table rates**

\$40.00 for first table

\$10.00 each for extras

If you have made any changes from 2020 as to what you are selling, these products must be approved before you can bring them to market.

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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 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 24 years!



For more information:  
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