



**2022**

# Medicine Hat Farmers' Market New Vendor Application

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

**Market Dates:**

(circle the dates you plan to attend)

May 21	May 28	June 4	June 11	June 18	June 25	July 2
July 9	July 16	July 23	July 30*	Aug 6	Aug 13	Aug 20
Aug 27	Sept 3	Sept 10	Sept 17	Sept 24	Oct 1	

\*Please note July 30 is a 2 hour market as it is Stampede Week

**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  
\$15.00 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 the back of the application if needed.

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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 25 years!



For more information:  
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