



Vendor Information

Name: _____

Company Name: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____

Email: _____

Market Dates:

(circle the dates you plan to attend)

May 16	May 23	May 30	June 6	June 13
June 20	June 27	July 4	July 11	July 18
Aug 1	Aug 8	Aug 15	Aug 22	Aug 29
Sept 5	Sept 12	Sept 19	Sept 26	Oct 3

*****There is no market July 25*****

Number of tables required _____

Is power required \$5.00 extra _____

Deposit for the season \$100.00

(to be paid prior to starting)

Weekly table rates

\$50.00 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.

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: _____

A huge thank you to the
Medicine Hat Exhibition &
Stampede
for sponsoring us for
the past 29 years!



For more information:
Contact: Doreen Gunderson
(Farmers' Market Coordinator)
403-527-1234

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

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