

Date:

Medicine Hat Exhibition & Stampede 2024 Indoor Garage Sale April 27 Application

Name:				
Address:				
City:	Р	ostal Code:		
Phone:				
Basic Rental:				
\$50.00 includes:	2 tables (6' x 2 ¹ / ₂ ') 2 chairs			
Each additional table is \$10.00				
Number of tables requested				
Brief description of items being sold at the Garage Sale:				
By my signature, I declare th			•	•
the rates as set out in this do this application form and agr		-	-	ions provided with
Signature: Date:				
For Information Contact: Doreen Gunderson 403-527-1234		EDICIDE HE TODESTATION	<u>Drop off applications at</u> Stampede Office: 2055 – 21 Ave SE	
For Office Use Only:				
Payment:	Debit:	Cash:	Cheque #	Credit:

_____ Received by:_____