



2024

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 18	May 25	June 1	June 8	June 15	June 22	June 29
July 6	July 13	July 20	Aug 3	Aug 10	Aug 17	Aug 24
Aug 31	Sept 7	Sept 14	Sept 21	Sept 28	Oct 5	

*****There is no market July 27*****

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: _____

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 27 years!



For more information:
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