

# Strathmore Farmers' Market

## 2012 Annual Mothers Day Market Application

Day: **Saturday April 28th, 2012**

Time: 10:00 a.m. – 2:00 p.m.  
Set Up time is between 8 a.m. – 9:30 a.m.  
No Selling before 10 a.m. (Except discretely to other Vendors)  
**NO PACKING UP** your space before 2 p.m. **No exceptions.**

Location: **Strathmore Civic Centre**, 120 Brent Blvd (same building as the Strathmore High School & swimming pool)

Table Space Fee: **\$35.00 (includes GST) Per Table Space**  
Spaces are approximately 6' wide by 5' deep.  
Included with each \$35.00 fee is a 6' table and 2 chairs.

**Payment must be enclosed with this Application.**

There will be no trading of table spaces amongst vendors.

Violators of any of the above rules may be refused to sell at future Markets.

Vendors will be contacted if there is a **"Concern"** with their application or payment. Otherwise the applicant is accepted into the Market.

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web-site: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Number of Spaces Required: \_\_\_\_\_ Do you Require Power? \_\_\_\_\_ ( \$25 Charge For Power) Preferred Location? \_\_\_\_\_

LIST ALL ITEMS TO BE SOLD: \_\_\_\_\_

Product can be categorized as: PRODUCT/GARDEN FOOD CRAFT OTHER

Do you Make, Bake, or Grow this product yourself? YES \_\_\_ NO \_\_\_

Please Explain where and how it is made and what help. \_\_\_\_\_

Will you be selling the product yourself? YES \_\_\_ NO \_\_\_ If not who will represent you? \_\_\_\_\_

Where else is your product available? List all other Markets, Retail, Consignment, Wholesale etc. \_\_\_\_\_

By my signature, I declare the above information on this form complete and accurate and I agree to pay the rates set out and abide the rules and regulations. I fully understand that not all applications are granted space in the Strathmore Farmers Market and that it is the right and responsibility of the Strathmore Farmers Market Committee to decide the allocation of space.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Return with Cheque or Money Order to: **Strathmore Farmers Market**  
**P.O. Box 2457**  
**Strathmore, AB T1P – 1K3**  
**(403)901-0477**

