



# 2018 Approved Community Table Application Form

Mail Application to: PO Box 3629, Sherwood Park, AB. T8H 2T4  
Or

Scan and Email to: [salisburyfarmersmarketinfo@gmail.com](mailto:salisburyfarmersmarketinfo@gmail.com)

Community Group Name: \_\_\_\_\_

Personal Name: \_\_\_\_\_ Address: \_\_\_\_\_

City & Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Ph.: \_\_\_\_\_ Email: \_\_\_\_\_

Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_

Website: \_\_\_\_\_ Instagram: \_\_\_\_\_

## Eligibility Criteria:

1. Must be a community or not-for-profit organization.
2. No surveys, petitions, letters of appeal, promotions or demonstrations are permitted.
3. The organization must provide chairs, displays and table covering.
4. All activities must take place within the confines of the assigned space and volunteers are not permitted to approach customers in the walkways.

## The Market

The market will provide a 6 foot table when the market operates inside the greenhouse. Outdoors (**April 19, 2018 to October 11, 2018**) the market will provide a 6 foot table, 10 x 10 canopy tent and tent weights.

Please provide a brief description about your organization:

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Please circle the market dates for which you are applying to perform during the **2018** Season

**2018 Dates:**

**Jan 4, 11, 18, 25**

**Apr 5, 12, 19, 26**

**Jul 5, 12, 19, 26**

**Oct 4, 11, 18, 25**

**Feb 1, 8, 15, 22**

**May 3, 10, 17, 24, 31**

**Aug 2, 9, 16, 23, 30**

**Nov 1, 8, 15, 22, 29**

**Mar 1, 8, 15, 22, 29**

**Jun 7, 14, 21, 28**

**Sep 6, 13, 20, 27**

**Dec 6, 13, 20**

**Procedures and Guidelines of the Salisbury Farmers Market**

I have read and understand the terms and certify that the information on this form is complete and accurate.

Name of Organization applicant(s):

\_\_\_\_\_

Signature of applicant(s)

\_\_\_\_\_

**Waiver**

In consideration of being allowed to use the facilities of the Salisbury Farmers' Market Association, we the undersigned hereby agree to the following:

To waive any and all claims that we, \_\_\_\_\_ (operating name of the Business) operated by \_\_\_\_\_,

\_\_\_\_\_ (name(s)) may have against SFMA, its directors and employees, agents, representatives and volunteers:

- To release the SFMA from any and all liability for any loss damage, and injury or expense that occurs out of the use of any of the facilities of the SFMA by the above named community table, their family, their employees or volunteer participants.

- To hold harmless and indemnify the SFMA from any and all liability for any property damage, personal injury to any third party or any other financial loss or expense, including legal expense and cost of a solicitor – and – his – own – client full indemnity

basis, resulting from the participation in any event held in the facilities of the SFMA throughout **2018**.

We the undersigned hereby acknowledge that we have read the foregoing and understand its content, import and meaning.

Applicant Name(s)

\_\_\_\_\_

Signature(s) of Applicants:

\_\_\_\_\_

Operating Name of Business: \_\_\_\_\_

Date: \_\_\_\_\_

Notes: \_\_\_\_\_

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**Approved** \_\_\_\_\_ **Not Approved** \_\_\_\_\_