



2020 Approved Community Table Application Form

Mail Application to: PO Box 3629, Sherwood Park, AB. T8H 2T4
Or
Scan and Email to: 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 the market will provide a 6 foot table, 10 x 10 canopy tent and tent weights.

Please provide a brief description about your organization:

Please circle the market dates for which you are applying to perform during the 2020 Season

2020 Dates:

Jan 9, 16, 23, 30	Apr 2, 9, *16, 23	Jul 2, 9, 16, 23, 30	Oct 1, 8, **15, 22, 29
Feb 6, 13, 20, 27	May 7, 14, 21, 28	Aug 6, 13, 20, 27	Nov 5, 12, 19, 26
Mar 5, 12, 19, 26	Jun 4, 11, 18, 25	Sep 3, 10, 17, 24	Dec 3, 10, 17

The market operates indoors from Jan. 9 to April 16, 2020

The market operates outdoors from April 23 to October 8, 2020

Then after Thanksgiving long weekend on Oct. 15, 2020 the market will move back to the greenhouse for the winter; Oct. 15 to Dec. 17, 2020

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 **2020**.

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: _____ _____ _____ _____
Approved _____ Not Approved _____