



2025 Approved Community Table Application Form

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

Compliments of 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 your organization would like to attend the Market.

Jan 9, 16, 23, 30

Feb 6, 13, 20, 27

Mar 6, 13, 20, 27

Apr 3, 10, *17, 24

May 1, 8, 15, 22, 29

Jun 5, 12, 19, 26

Jul 3, 10, 17, 24, 31

Aug 7, 14, 21, 28

Sep 4, 11, 18, 25

Oct 2, 9, 2025

Community tables are available to not profit groups from [Jan. 9, 2025](#), to [October 10](#), providing space is available at the market.

***The market operates inside the greenhouse from [Jan. 9](#) to [April 10, 2025](#), and outdoors from [April 17](#) to [October 10, 2025](#)**

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 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 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 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 **2025**.

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: _____

FOR OFFICE USE ONLY:

Approved: _____

Not approved: _____

Notes:

