



# friends of Chinook Regional Hospital

**APPLICATION FOR ON SITE SALES TO BENEFIT CHINOOK REGIONAL HOSPITAL**

All information is confidential and is used for consideration in our Vendor Program. As applications are subject to approval, please give as much detail as possible and enclose photos/brochures. Return this completed form and all supporting documents by mail or fax to the address below.

**PLEASE PRINT**

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

Contact Person: \_\_\_\_\_

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

Address \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone : \_\_\_\_\_ Business: \_\_\_\_\_ Home: \_\_\_\_\_

Cellular: \_\_\_\_\_ Fax: \_\_\_\_\_

email: \_\_\_\_\_ Website: \_\_\_\_\_

Describe the product(s) that you sell:

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Will you be selling food items? \_\_\_\_\_

If yes, please complete a Food Handling Application and return one month prior to the event.

Are you making any health/medical claims about your product?

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What is the price range of your products? \_\_\_\_\_

Have you, or do you sell at other vendor programs? Yes No

If yes, where, and for how long? \_\_\_\_\_

How many 8 foot tables do you require?(circle one)      1      2      3

**\*\*Please attach a copy of your business license/registration, or similar document.**

**My business agrees to indemnify and save harmless Friends of Chinook Regional Hospital, Alberta Health Services, and its members, directors, officers and employees, from all actions arising from any wrongful act, omission or wrong doing on the part of the agency.**

**The applicant will provide proof of insurance showing they have comprehensive liability insurance coverage in the amount of not less than \$1,000,000.00 per incident.**

\_\_\_\_\_  
Applicant Signature

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

\_\_\_\_\_  
Authorizing Signature

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

Please forward your completed application to Daniel Erickson  
Friends of Chinook Regional Hospital  
960 19<sup>th</sup> Street South,  
Lethbridge, AB T1J 1W5  
Phone: 403-388-6139 Fax: 403-388-6702  
email: [daniel.erickson@ahs.ca](mailto:daniel.erickson@ahs.ca)  
<http://friendsofcrh.ca/>

**\*\*Please note: It is the responsibility of the vendor to notify Friends of Chinook Regional if there are any changes in liability insurance coverage or business licensing and provide the Friends of Chinook Regional Hospital with all updated documentation.**

I have attached the required items:

Insurance Requirements

I have read and understand the following vendor agreement conditions:

Business Conduct     Parking     Security     Booking & Fees



# friends of Chinook Regional Hospital

## FRIENDS OF CHINOOK REGIONAL HOSPITAL VENDOR AGREEMENT

The vendor agrees to underwrite all costs associated with the sales event. Friends of Chinook Regional Hospital will not incur any costs.

The vendor and its staff agree to abide by the following Alberta Health Services rules:

No smoking or consuming alcohol.

No audio promotion or amplified music.

Discreet consumption of food at the sales site is permitted.

Cellular phones may be used only with the ringer on silent/vibrate.

If any type of draw or raffle is held in conjunction with this event either as a product promotion or as the focal point of the sales event, the vendor is responsible for obtaining a license authorizing such an activity from the Alberta Gaming Commission. This license must be displayed at the sales area.

## INSURANCE

All applications must have proof of current liability insurance with a minimum of \$1,000,000.00.

## HOURS OF OPERATION

Vendors are to be open, staffed and ready to do business at the appointed hours as follows:

Monday to Friday 8:00am to 5:00pm

Weekends and Holidays CLOSED

All vendors are expected to be set-up by 9am and must stay open until 5pm, unless otherwise agreed upon during the booking process. Vendors arriving before 8am to setup will need to contact Friends of Chinook Regional Hospital office prior to the sale date.

## BUSINESS CONDUCT

The vendor agrees to respect the comfort and well-being of our patients, visitors and staff by refraining from direct solicitation.

**The vendor agrees to ensure customer satisfaction by providing full refunds, exchanges, credit notes, etc. Any inquires about broken or defective products will be directed to the vendor. Friends of Chinook Regional Hospital office will not facilitate or assist in any transactions of this manner. The Information Desk staff will not assist in refund transactions either.**

The vendor and/or employees are required to present themselves in a professional and business-like fashion. Specifically, dress and personal hygiene are to be taken into consideration. Ripped jeans, scanty attire, unkempt appearance, etc. are unacceptable.

Vendor tables are to be staffed at all times during specified hours.

Family members and/or friends of vendors or their employees are not permitted to loiter in the Hospital atrium. Any persons found loitering will be requested to leave. Young children of vendors or their employees are not to be brought to work.

## PARKING

Parking is the responsibility of the vendor. Pay parking is available in the parkade building located off of 9<sup>th</sup> Avenue. 90 minute street parking is available and is monitored by the City of Lethbridge.

**Please do not park illegally in or around the Emergency entrance or the South Atrium entrance to unload your products and display.**

Any vendor who loads/unloads at the north entrance must do so from the 15 minute loading/unloading parking spaces. **No vehicles are permitted on the south entrance sidewalk.**

## SECURITY

Friends of Chinook Regional Hospital is not able to store any items in our offices. If you choose to leave items in the atrium overnight (in the case of a two day sale) you must tarp your items. Also inform the security desk.

Friends of Chinook Regional Hospital accepts no responsibility for theft or breakage.

## MERCHANDISE

Only merchandise that is stated in the vendor's application may be offered for sale at the site. Any merchandise found on site that contravenes the application or is deemed unacceptable will be removed. Any new products the vendor may wish to add to the application must be approved by Friends of Chinook Regional Hospital prior to being offered for sale. Any merchandise of an offensive or questionable nature will have to be removed.

Reminder:

The vendor agrees that the goods they are representing are authentic in nature. No counterfeit trademarked or illegal goods are to be displayed or for sale. Any vendor in breach of this contract clause will be removed from the vendor program immediately.

## MERCHANDISING / APPEARANCE / SET UP

Vendors will be set up in the North Atrium (across from the elevators). All displays will include 3 tables provided by Friends of Chinook Regional Hospital office. Vendors are responsible for delivering all goods, set up, display materials, chairs, lighting and extension cords.

Friends of Chinook Regional Hospital will advertise all sales on the vendor calendar (given advance notice) on the Friends of Chinook Regional Hospital website located at <http://friendsofcrh.ca/>.

It is the vendor's responsibility to keep their unit clean and tidy at all times. Please remove all items at the end of the sale. **NO GARBAGE IS TO BE LEFT IN THE HOSPITAL ATRIUM.**

It is the vendor's responsibility to bring a float and change. Vendors CAN NOT ask the Gift Shop or Cafeteria or any other department for additional change.

It is the vendor's responsibility to merchandise their products in a professional and aesthetically pleasing fashion. Vendors may also bring in and use their own additional fixtures and display tools, but they are not permitted to use oversize items that may block walkways or limit visibility in the atrium. Aesthetics of your display will be assessed by the Vendor Program Coordinator. Should you require assistance with this aspect of your business the Friends of Chinook Regional Hospital office will be happy to assist you.

All signage is to be professionally prepared. **Handwritten signs are not permitted.** Any signage deemed unacceptable will be immediately removed. All signs must be displayed in a professional holder and cannot be taped or hung in any manner.

## BOOKING

Friends of Chinook Regional Hospital will allow each vendor a maximum of two sale days during the work week (Monday thru Friday only). Each vendor will be permitted a maximum of four (two day) sales per calendar year.

Sale dates are set on a first come, first serve basis. The Friends of Chinook Regional Hospital reserves the right to limit vendors based on type of product to ensure maximum variety for our staff, patients and visitors.

Please note there is limited availability and we cannot guarantee the maximum. Consecutive days for booking are permitted based on availability.

**Friends of Chinook Regional Hospital reserves the right to withhold dates to accommodate Alberta Health Services special events or presentations.**

Friends of Chinook Regional Hospital reserves the right to cancel a vendor sale due to:  
Safety issues that may arise during the current hospital expansion construction.  
Public Health advisories that restrict public events within Alberta Health Services facilities.  
Failure of the vendor to adhere to the signed agreement.

## BOOKING FEES

All vendors will pay a booking fee to Friends of Chinook Regional Hospital of 20% of their gross sales or \$50.00 per booking, whichever is greater. An inventory sales record is provided with the application for you use.

Friends of Chinook Regional Hospital will issue a thank you letter and receipt (not eligible for tax credit) for all payments and or donations.

Vendors who do not submit their payment, in full within 14 days forfeit their right to return.



**friends**  
of Chinook Regional Hospital

960 19 Street S  
Lethbridge, Alberta T1J 1W5  
Phone: 403-388-6289  
Email: [daniel.erickson@ahs.ca](mailto:daniel.erickson@ahs.ca)

Vendor Name:

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Phone:

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Sale Date:

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Sale Total:

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20% Commission Submitted to Friends of Chinook Regional Hospital

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