



Warren County Hot Air Balloons, Arts & Crafts Festival Vendor Application

(Food Vendors, please contact Giulia Grotenhuis at fly@balloonfestnj.com)

LOCATION: Warren County Community College, 475 NJ 57, Washington, NJ

DATE: Saturday, June 1 & Sunday, June 2, 2024 • **TIME:** 2PM to 9PM

Hurricane Date: June 8 & 9 - *This is not if there is chance of rain in the forecast.
This is when a hurricane will prevent ANY activity for the initially planned weekend.*

Vendor Fees

We encourage all to participate both days, but one day is an option. Please specify days you will be attending. Please mark the size of your tent(s) below. Indicate if you will have a generator.

Two Days

___ **10 X 10** or ___ **10 X 20** \$125 - 2 days ___ **20 X 20** \$175.00 - 2 days Other _____ \$ TBD

One Day

___ **10 X 10** or ___ **10 X 20** \$75.00 per day ___ **20 X 20** \$100.00 per day Other _____ \$ TBD

Dates Attending _____

• Electricity is NOT provided. **Will you be bringing a generator?** ___ yes ___ no

Please Print Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Web/Facebook: _____

Please describe list of items you will be selling or what you will be promoting. _____

The hours of the show are between 2 - 9 PM. *New Vendors please note the location as Washington campus.*

Setup will begin at 10 AM.

Vendors must supply their own TENT and TABLES and be ready to go by 1:45 pm.

You may park temporarily in the parking lot adjacent to the vendor area to unload, BUT IT IS IMPORTANT TO MOVE YOUR VEHICLE BEFORE GUESTS ARRIVE.

Vendors must keep their area clean. Please do not leave your garbage behind or deposit it garbage cans intended for our guests. Our cleanup staff is limited as we try to keep costs low for all. You may deposit items in our dumpsters - as space allows - at the end of each festival day.

If paying by check, last day for payment is before May 15, 2023. A 4% fee will be charged if using a credit card. All payments shall be made before opening day.

I understand that all decisions made by Balloon Festival Organizers are final. Failure to abide by the above rules could terminate my relationship with Balloon Festival and any other events.

Signature: _____ Date: _____

Mail Check or Money Order Payable to:

Flying Festivals of Warren County
57 Hope Crossing Road,
Belvidere NJ 07823

Certificates naming the following as Additional Insured are required:

Warren County Community College,
475 NJ-57 West,
Washington NJ 07882

Flying Festivals of Warren County,
57 Hope Crossing Road,
Belvidere NJ 07823

Credit Card Information

Name on Card _____

Card No. _____ Exp Date _____

Security Code _____ Zip Code _____