

2025 Fall Fest Dream Park

Vendor Entry Form

Sat Oct 11th and Sun Oct 12th
9am-3pm each day
400 US 130 Logan Twp, NJ 08085

PLEASE PRINT CLEARLY

Full Name: _____ Business Name _____

Address _____ City _____ State: _____ Zip: _____

Email: _____ Phone: _____

Exhibitor Type: Arts & Crafts _____ Fine Arts _____ Commercial _____ Food Vendor _____

(Food vendors will need to provide 2025 Board of Health approval as well as a certificate of insurance with additional insured as: GCIA dba Gloucester County Dream Park 400 US 130 South Logan NJ 08085)

How did you hear about Fall Fest?

Please specify this is helpful information:

Release:

I hereby release and discharge Christiana Foundation Inc. DBA Fall Fest Dream Park and Dream Park officers, employees, volunteers, and all sponsoring organizations and their directors from any responsibility, personal liability, claims, loss or damage arising out of, or in conjunction with my participation in the 2025 Fall Fest. Neither Fall Fest Dream Park. or Dream Park will be responsible for any illness or injury sustained by exhibitors or guests while within space designated to exhibitor. I acknowledge I am 100% responsible for supplying my own exhibit tables, chairs, and decorations. Anyone opting for an outdoor space must plan accordingly, this is an all-weather event. Although this show is in a secure building, I understand my work will be stored at my own risk. The festival committee reserves the right to deny entry that does not conform to the standards of the festival. I agree to allow the Fall Fest Dream Park to use my images for the purpose of promoting this event.

There will be NO refunds, if you must opt out you will be given credit for the following year's show.

I acknowledge I have read this entire entry form; I understand that all decisions made by the festival organizers are final and agree to the guidelines set forth above for entry in the 2025 Fall Fest.

Exhibitor Signature _____ Date _____

ALL VENDORS WILL BE IN COVERED SPACE

Qty:

_____ 10x10 1-day space arts & crafts, specialty food \$75

_____ 10x10 2-day space arts & crafts, specialty food \$125

_____ 10x10 1-day commercial \$100

_____ 10x10 2-day commercial \$175

_____ I prefer to pay by credit card please email a QuickBooks payment link. (additional 3%)

To avoid 3% fees mail checks & forms to:

Fall Fest Dream Park
PO Box 845
Swedesboro, NJ 08085

Show Organizer:

Sean Gardner cell 856-889-2472

email: fallfestdreampark@gmail.com