

2024 Fall Fest Entry Form
Christiana Foundation Inc. Fall Fest at Dream Park
Saturday, October 12th, 11am-5pm and Sunday, October 13th, 11am-5pm
Dream Park Logan Twp, NJ

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 2024 Board of Health approval as well as a certificate of insurance with additional insured as: GCIA dba Gloucester County Dream Park 400 US130 South Logan NJ 08085. NO FEE for outside trucks, inside pay same as arts & crafts)

This is a non-juried event however we need to view your work. Please clearly print a link to your work.

Number of people working in your space _____ 1/2 price 2nd vendor name: _____

How did you hear about Fall Fest?

_____ Returning vendor _____ Email from show producer _____ Fall Fest Dream Park website _____ Fall Fest Dream Park social media _____ FestivalNet.com _____ FairsandFestivals.net _____ Fellow Arts & Crafters _____ Other source please specify: _____

Release:

I hereby release and discharge Christiana Foundation Inc. 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 2024 Christiana Foundation Inc. Fall Fest. Neither Christiana Foundation Inc. 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 Christiana Foundation Inc. the use of 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 2024 Fall Fest.

Exhibitor Signature _____ Date _____

Checklist of items that need to be emailed or mailed: (if purchasing additional 10x10 spaces please indicate)

Arts & Crafts, Food Vendors

Qty:

_____ 10x10 2-day indoor space \$175 (2-day only)
_____ 10x10 2-day outdoor covered space \$150
_____ 10x10 1-day outdoor covered space \$100
_____ Saturday Comedy Show Admission Only \$35
_____ Saturday Comedy Show w/Food & Cocktails \$65

Commercial Sponsors/Vendors

Qty:

_____ 10x10 2-day indoor space \$600 includes table for 8 for Saturday Comedy Show w/Food & Cocktails.

_____ I prefer to pay by credit card please email a QuickBooks payment link. (additional 3%)
_____ Logo emailed for website and social media use (Disregard if you're a returning vendor)

To avoid 3% fees mail checks & forms to:

Christiana Foundation Inc.
PO Box 845
Swedesboro, NJ 08085

Show Producer:

Sean Gardner cell 856-889-2472
email: contactcforg@gmail.com