



CITIZENS OF WHITESBORO, INC.

Annual Whitesboro Reunion Festival

Bound Together In Community Service

VENDOR FORM

Name: _____

Please print

Address: _____

City: _____ State _____ Zip _____

Phone: (Cell or Home #) _____

Email Address: _____

Please check the appropriate days and Vendor Fee:

☐ Friday - 8/30/24 ☐ Saturday – 8/31/24 ☐ Sunday – 9/1/24

Fee:

Non-Profit (501(c)3) not selling anything Free Will Donation ☐ 501 (c)3

Farmers – Produce/Flowers \$ 25.00 Friday ☐ \$30 Saturday ☐ \$30 Sunday ☐

Crafts/Clothes/Books \$ 25.00 Friday ☐ \$30 Saturday ☐ \$30 Sunday ☐

Foods – Small \$ 35.00 Friday ☐ \$50 Saturday ☐ \$50 Sunday ☐

Foods – Large \$ 75.00 Friday ☐ \$100 Saturday ☐ \$100 Sunday ☐

Food Truck \$ 75.00 Friday ☐ \$100 Saturday ☐ \$100 Sunday ☐

Tents, Tables, and Chairs **Please provide your own**

Items (s) Selling: _____

Vendor's Signature: _____

RAIN OR SHINE – NO REFUNDS (If it rains, craft and small non-cooking food vendors can move inside)

Please submit the vendor form by Friday, August 16, 2024 **(deadline)**

Mail Vendor Form To: The Concerned Citizens of Whitesboro, Inc.

PO Box 412

Whitesboro, NJ 08252

Attention: Bernie Blanks

35th Annual Whitesboro Reunion Festival Vendor

PLEASE NOTE: THE CONCERNED CITIZENS WILL NOT BE RESPONSIBLE FOR ELECTRICAL OR ANY OTHER DAMAGES INCURRED OR INJURIES ATTRIBUTED BY ANY VENDOR, INCLUDING RIDES. CONSUMPTION OF FOOD AND/OR BEVERAGES IS THE SOLE RESPONSIBILITY AND DISCRETION OF PARTIES INVOLVED.

Date Paid: _____ Amount Paid: _____

Number of Days: _____ ☐ Cash ☐ Check # _____ Funds Due: _____

ALL VENDORS MUST BE SET UP BY 10:00 AM ON SATURDAY AND SUNDAY.

PO BOX 412, WHITESBORO, NJ 08252 Website: www.concernedcitizensofwhitesboro.com

Email: concernedcitizensofwhitesboro@gmail.com

CONCERNED CITIZENS OF WHITESBORO, INC.

Annual Whitesboro Reunion Festival
Celebrating 36 Years of Community Service
August 30 - September 1, 2024
AD JOURNAL RESERVATION FORM

Please indicate the type of ad you would like to reserve.

Make checks or money orders payable to: Concerned Citizens of Whitesboro, Inc.

Full Page (Color) \$135

Half Page (Color) \$80

Quarter Page (Color) \$60

Inside Front & Rear Cover Is Not Available!

Unfortunately, we do not have a design team. If your Ad is not camera-ready, it will be returned.

Please provide - Number of photos _____

Please provide - Number of ads _____

Please write the total cost of your Ad or Ads: \$ _____

Please print/type all information and return form, and payment by

Friday, August 9, 2024 (Deadline), to:*

Concerned Citizens of Whitesboro, Inc. c/o Reunion Ad, PO Box 412, Whitesboro, NJ 08252

Email Questions to: concernedcitizensofwhitesboro@gmail.com.

I have enclosed a check/money order for my Ad ____yes ____no.

I have emailed my camera-ready ad in jpeg format along with my name to
concernedcitizensofwhitesboro@gmail.com

Please write your message below (please consider the size of your ad when adding a message):

Contact Person or Company Name:

Address:

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Your Contributions may be Tax Deductible to the Extent of the Law
NO ADS WILL BE ACCEPTED AFTER THE DEADLINE*