



**CITIZENS OF WHITESBORO, INC.**  
**Celebrating 37 Years of Community Service**  
**August 29 - August 31, 2025**  
**Annual Whitesboro Reunion Festival**

VENDOR FORM

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

**Please print**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Cell or Home #) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please check the appropriate days and Vendor Fee:**

**Friday - 8/29/25**     **Saturday - 8/30/25**     **Sunday - 8/31/25**

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 15, 2025 **(deadline)**

Mail Vendor Form To: The Concerned Citizens of Whitesboro, Inc.  
 PO Box 412  
 Whitesboro, NJ 08252  
**Attention: Bernie Blanks**  
**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](http://www.concernedcitizensofwhitesboro.com)**  
**Email: [concernedcitizensofwhitesboro@gmail.com](mailto:concernedcitizensofwhitesboro@gmail.com)**

**CONCERNED CITIZENS OF WHITESBORO, INC.**

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AD JOURNAL RESERVATION FORM

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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 8, 2025\* (Deadline), to:***

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

Email Questions to: [concernedcitizensofwhitesboro@gmail.com](mailto: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](mailto:concernedcitizensofwhitesboro@gmail.com)

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

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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\***