

## Saturday, September 30, 2023 10 a.m. to 4 p.m. (Rain or Shine)

## **SPONSORSHIP APPLICATION FORM**

	(PI	ease print cie	ariy)	
Business/Organization Name	:			
Contact Person Name:				
Mailing Address:				
City:			State: Zip: .	
Phone:		_ Fax:		
E-mail:				
Sponsorship Level:				
Please check your preferred spo	nsorship level:			
Premiere	\$10,000		Community Visionary	\$1,000
Signature	\$7,500		Community Patron	\$750
Shining Star	\$5,000		Community Ambassador	\$500
Community Leader	\$3,000			
Community Builder	\$1,500			
Booth				
All sponsors at levels of \$500 ar	ıd above receive a	complimer	ntary booth in the Community Fe	st Sponsors Row
Yes, we would like to rese	erve our complin	ientary bo	oth.	
I am a sponsor below \$50	00 level and wish	to reserve	a booth in addition to my spon	sorship (\$50).
I do not wish to be a sport vendor (\$50).	nsor at this time;	however, v	we would like to reserve a booth	ı and be a
No, we are unable to atte	end.			

## **Guidelines for Participation**

I understand that if there is inclement weather on September 30, 2023, the event will still take place rain or shine. No refunds will be given in the event of inclement weather. I understand that all solicitation must be confined to my booth space. I understand that I will not sell food products. I understand that I must check in at my assigned time as designated in my confirmation packet, which I will receive one week prior to Community Fest and I must remain onsite until breakdown at 4 p.m. I understand that **NO VEHICLES WILL BE ALLOWED ONSITE BETWEEN 10 a.m. and 4 p.m.** 

I understand that if I or anyone associated with my group, company, business, partnership, or organization fails to comply with the rules and regulations outlined in the application packet, we may be asked to leave the event. I certify that I am at least 18 years of age and authorized to execute this agreement on behalf of group, company, business, partnership, organization, and myself and accept legal process on behalf of myself, group, company, business, partnership, or organization. I understand that this application is being taken on a first-come/first-served basis and that once filled to capacity is subject to denial. I also agree to indemnify and hold harmless the Community Fest Committee and the Township of Ewing and The College of New Jersey, their directors, employees, agents, representatives, servants, and anyone else connected to Community Fest from all damages, liabilities, costs, and expenditures, including attorney fees, and cost of defense, which may occur by reason of participation in Community Fest. I also give permission to the Community Fest committee to use photographs of the booths and all personnel/volunteers associated with the booth to be used for, but not limited to, publications, event programs, magazines, and the Internet and television promotions.

I have read, understand, and will comply with all the stated rules and regulations contained hereto.				
Signature:	_ Date:			
Please send the completed form and check made to C	Community Fest to:			
Community Fest				
c/o The Township of Ewing				
2 Jake Garzio Drive				
Ewing, NJ 08628				

FOR COMMITTEE USE ONLY				
Date received:	Application number:			