



Saturday, October 18, 2025 · 10 a.m. to 4 p.m. (rain or shine)

SPONSORSHIP APPLICATION FORM

(Please print clearly)

Business/Organization Name: _____

Contact Person Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Sponsorship Level:

Please check your preferred sponsorship level:

<input type="checkbox"/> Premiere	\$15,000	<input type="checkbox"/> Community Visionary	\$1,250
<input type="checkbox"/> Signature	\$10,000	<input type="checkbox"/> Community Patron	\$750
<input type="checkbox"/> Shining Star	\$5,000		
<input type="checkbox"/> Community Builder	\$2,500		

Booth

All sponsors at levels of \$750 and above receive a complimentary booth in the Community Fest Sponsors Row.

☐ Yes, we would like to reserve our complimentary booth.

☐ I do not wish to be a sponsor at this time; however, we would like to reserve a booth and be a vendor (\$100).

☐ No, we are unable to attend.

Guidelines for Participation

I understand that if there is inclement weather on October 18, 2025, 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 on-site until breakdown at 4 p.m. **I understand that NO VEHICLES WILL BE ALLOWED ON-SITE 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 payable to *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: _____