



Warren County Hot Air Balloons, Arts & Crafts Festival Vendor Application

(Food Vendors, please contact Giulia Grotenhuis at fly@balloonfestnj.com)

LOCATION: Warren County Community College, 475 NJ 57, Washington, NJ

DATE: Saturday, June 6 & Sunday, June 7, 2026 • **TIME:** 1PM to 8:30PM

Hurricane Date: June 13 & 14 - *This is not if there is chance of rain in the forecast. This is when a hurricane will prevent ANY activity for the initially planned weekend.*

Vendor Fees

We encourage all to participate both days, but one day is an option. Please specify days you will be attending. Please mark the size of your tent(s) below. Indicate if you will have a generator.

Two Days

10 X 10 or **10 X 20** \$80.00 - 2 days **20 X 20** \$120.00 - 2 days Other _____ \$ TBD

One Day

10 X 10 or **10 X 20** \$60.00 per day **20 X 20** \$90.00 per day Other _____ \$ TBD

Dates Attending _____

- Electricity is NOT provided. **Will you be bringing a generator?** yes no

Please Print Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Web/Facebook/IG: _____

Please describe list of items you will be selling or what you will be promoting. _____

The hours of the show are between 1 - 8:30 PM. *New Vendors please note the location as Washington campus.*

Setup will begin at 9 AM and Vendors must be ready to go by 12 noon. Vendors may park temporarily in the parking lot adjacent to the vendor area to unload, BUT IT IS IMPORTANT TO MOVE YOUR VEHICLE BEFORE 12 noon AS GUESTS OFTEN ARRIVE EARLY.

Vendors must supply their own TENT and TABLES.

Vendors must keep their area clean and all garbage needs to be taken out with them.

If paying by check, last day for payment is May 25, 2026. You may sign up after May 26 with a credit card payment only and up until June 4, 2026. A 4% fee may be charged when using a credit card.

All CBD products, alcohol, cigars and any merchandise that is not family friendly is prohibited on campus and shall not be sold.

I have read all of the above and understand that failure to abide by the above rules could terminate my relationship with Balloon Festival and any other events.

Signature: _____ Date: _____

Mail Check or Money Order Payable to:

Flying Festivals of Warren County

57 Hope Crossing Road,
Belvidere NJ 07823

Certificates naming the following as Additional Insured may be required:

Warren County Community College and

Flying Festivals of Warren County,
475 NJ-57 West,
Washington NJ 07882

Credit Card Information

Name on Card _____

Card No. _____ Exp Date _____

Security Code _____ Zip Code _____