



Juneteenth 2025

Event Date: Saturday June 21, 2025

Event Time: 2:00 PM - 7:00 PM

Location: New Brooklyn Park

Erial Road and Lehigh Manor Drive, Winslow Township, NJ, 08081

⚠ Please bring your own table and chairs ⚠

Vendor setup time starts at 8 AM and vendors **cannot unload after 12:00 PM**

Important next steps: respond to an email from Winslowtownship@docutrax.com to complete your registration for this event.

I acknowledge the aforementioned _____
Signature required

Non-food Vendor's

\$35

☐

Food Vendor's

\$100

☐

Informational Vendor's

Free

☐

(If applicable) Return this form with your payment to:

Winslow Township Administration Office

Attn: Celebrations

125 S. Route 73

Braddock, NJ 08037

For more information please contact 609-567-0700 ext. 5006

Business or Organizations Name

Contact Name

Phone Number

Email Address

Address line 1

Description of service

Address line 2

Municipal use only

Received by

Date

Pymnt recd ☐

Health Insp. ☐

Sent to DT ☐

Risk Toolbox ☐

Green in DT ☐

COI ☐

Fire permit ☐



DOMINIC MAIESE MUNICIPAL COMPLEX 125 South Route 73 Braddock, NJ 08037-9422 Telephone: (609) 567-0700

HOLD HARMLESS AGREEMENT

To the fullest extent permitted by law, _____
Full Legal Name
agrees to defend, pay on behalf of, indemnify, and hold harmless Winslow Township, its elected and appointed officials, its agents, employees and volunteers and others working on behalf of Winslow Township against any and all claims, demands, suits, or loss, including all costs connected there with, and for any damages which may be asserted, claimed, or recovered against or from Winslow Township, its elected and appointed officials, its agents, employees, volunteers, or others working on behalf of Winslow Township, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this contract.

Event

Business or Organization Name (if applicable)

Participant Full Legal Name (Print)

Date

Signature

Address

Address Line 2

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Pymnt recd ☐ Health Insp. ☐ Sent to DT ☐
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