



Mansfield Township
Flea Market
& Craft Vendor Event

May 18 & 19 9am-3pm

Come Join Us! Outdoor spaces available for yard sale, crafters, and food vendors. Registration ends 5/10/2024

Hector A. Cafferata, Jr. Park

Port Murray Road
Port Murray, NJ

Rain or Shine

Questions?

JoAnn - jf@mansfieldtownship-nj.gov
908-689-6151 ext 116

MANSFIELD TOWNSHIP FLEA MARKET & CRAFT FAIR

NEW LOCATION!!!! Hector A. Cafferata, Jr. Park

Port Murray Road, Port Murray, NJ (north of Municipal Building across from Comcast)

SATURDAY, MAY 18, 2024 & SUNDAY, MAY 19, 2024 (RAIN OR SHINE)

Seller/Vendor/Crafter set-up begins at 7 am. Open to the public 9 am – 3 pm



- Choose to sell both days or 1 day. Site must be cleaned by 4:00 pm on your final day.
- Donation - \$10.00 a day for one space.
- Donation for 2 spaces \$ 15.00 for one day; \$30 for two days.
- Trailers and cars are NOT permitted at selling spaces. There is convenient parking in the two parking lots.
- Outdoor space is approx. 15' x 10'. Sellers/Vendors/Crafters must bring their own tent, table, and chairs.
- Preregistration is required. Deadline for registration is May 10, 2024. No registrations will be accepted the day of the event.
- Restroom facilities (Port-A-Johns) will be available on site.
- All items and trash must be removed from the site by 4:00 pm on your final day.
- Food will be available for purchase during the event.

Confirmation will be emailed to you once registration is received. Spaces are first come first serve. No refunds unless event is cancelled.

The Green Team, Township of Mansfield, and their respective employees and representatives are not responsible for loss, fire, theft, or any damage to exhibitors or merchandise and are released from any and all liabilities from loss, injury, or damage to persons or property.

Make checks payable to Township of Mansfield and mail to:

Township of Mansfield, 100 Port Murray Road, Port Murray, NJ 07865, ATT: Flea Market

Questions, email JoAnn at jf@mansfieldtownship-nj.gov or Leigh at lraffaele@mansfieldtownship-nj.gov

RETURN THIS SECTION WITH YOUR CHECK TO ABOVE ADDRESS

Name _____ Email Address _____

Full Address _____

Days Saturday [] Sunday [] # of spaces to be reserved _____

Amount enclosed _____

Phone # _____ Signature Required _____