



# 2021 EXHIBITOR APPLICATION

## GWINNETT HISTORICAL SOCIETY

**P.O. BOX 261 LAWRENCEVILLE, GA 30046**

Saturday October 2nd, 10a.m. - 5p.m. and Sunday October 3rd, 10a.m. - 5p.m.

The Gwinnett Historical Society, sponsor of the Elisha Winn Fair, is pleased to welcome your participation in the 42nd annual Elisha Winn Fair. The location is 908 Dacula Road, Dacula, GA 30019.

Exhibitor Name:

\_\_\_\_\_

Street:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please give us a description of what you will be exhibiting during the fair. This will help us in booth placement. All applications will be reviewed however the Elisha Winn Fair Committee reserves the right to disallow any exhibitor.

\_\_\_\_\_

\_\_\_\_\_

Fees: Electricity \$10.00

In order to reserve a space at the fair, your application form must be received by September 15, 2021.

Set up is Friday, October 1st between 1 p.m. and 6 p.m. and Saturday, October 5th from 7 a.m. until 9 a.m. Your vehicle must be off the grounds and parked in the lot across the road before 9:15 a.m. the morning of the fair. Please keep your display available to fair attendees until closing time each day.

If you have any questions, contact the GHS office at (770) 822-5174 or email Betty Warbington at WinnFair@GwinnettHS.org.

# 2021 ELISHA WINN FAIR WAIVER OF LIABILITY

**GWINNETT HISTORICAL SOCIETY**

**P.O. Box 261 LAWRENCEVILLE, GA 30046**

My participation in the Elisha Winn Fair does not entitle me to be covered under any Gwinnett Historical Society insurance. I fully understand that by my participation in this event that the Gwinnett Historical Society, its trustees, Executive Board, or members will in no way be held responsible or liable for any injury or malady to me or the public by me during the Elisha Winn Fair.

My signature below fully relieves the Gwinnett Historical Society from any responsibility for loss, theft, or damage and the above-mentioned injury to the public or myself. I attend and participate of my own free will, knowing the above stipulations. I understand the Gwinnett Historical Society will not be responsible or liable for any injury or loss to a crafter or vendor or their property.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name:

\_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please fill out and mail application with insurance waiver and check to:

Gwinnett Historical Society P.O. Box 261 Lawrenceville, GA 30046

Attn: Elisha Winn Fair