



2017 ELISHA WINN FAIR

EXHIBITOR APPLICATION

GWINNETT HISTORICAL SOCIETY
P.O. BOX 261
LAWRENCEVILLE, GA 30046

Saturday October 7th 10 a.m.-5 p.m. &
Sunday October 8th 10 a.m.- 5 p.m.

The Gwinnett Historical Society, sponsor of the Elisha Winn Fair, is pleased to welcome your participation in the 39th 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 15th, 2017.

Set up is Friday, October 6th between 1 p.m. and 6 p.m. and Saturday October 7th 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. each 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.

office use only	Date _____	
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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 being held October 7th and October 8th, 2017.

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 an exhibitor or their property.

Signature: _____

Print Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Please fill out and mail application with insurance waiver to:

Gwinnett Historical Society
P.O. Box 261
Lawrenceville, GA 30046
Attn: Elisha Winn Fair