

2025 ELISHA WINN FAIR CRAFTER APPLICATION GHS, P.O. Box 261, Lawrenceville, GA 30046

Saturday, October 4th 10 am - 5 pm and Sunday, October 5th 10 am - 5 pm

The Winn Fair Co	mmittee is pleased to welcome your participation in the $\frac{46^{\text{th}}}{40^{\text{th}}}$ Annual The location is 908 Dacula Road, Dacula, GA 30019.
	The reduction to see Edeara Reda, Edeara, on Sects.
Street	
City	StateZip
Phone	Email
booth placement.	list of items you intend to sell during the fair. This will help us in All applications will be reviewed. The Elisha Winn Fair Committee at to disallow any vendor.
Single Sp	ace (10×12) - \$70.00Double Space (20x12) - \$110.00
Electrici	ty - \$10.00
-	mited to certain spaces. We need to know if you wish to be near a will need to furnish your own 50-100 ft extension cord.
	ce at the fair, your application form and check must be received by aber 24, 2025. Checks are non-refundable once vendors are accepted.
Please advise us	October 3rd from 1-6 pm and Saturday. October 4th from 7:30-9 am. what time you plan to set up your booth. Your vehicle must be off the ed in the lot across the road before 9:15 am on the morning of the
Please keep your	display available to fair attendees until closing time.
	questions, contact the GHS office at (770) 822-5174 or email Betty nnfair@gwinnetths.org or bwarbing@bellsouth.net

Date

Check #

Amount:

Office use only

2025 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 vendor or their property.

Signature:		
Print Name:		
Street:		
City:	State:	_Zip:
Phone:		

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