



2025 WINN FAIR EXHIBITOR 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 Committee is pleased to welcome your participation in the 46th Annual Elisha Winn Fair. The location is 908 Dacula Road, Dacula, GA 30019.

Exhibitor's 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. The Elisha Winn Fair Committee reserves the right to disallow any exhibitor.

_____ Electricity \$10.00

Electricity is limited to certain spaces. You will need to furnish your own 50-100 ft heavy duty extension cord suitable for outdoor use.

To reserve a space at the fair, your application form must be **received by Wednesday, September 24, 2025.**

Set up is Friday, October 3rd from 1-6 pm and Saturday, October 4th from 7:30-9 am. Your vehicle must be off the grounds and parked in the parking lot across the road before 9:15 am 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 OR bwarbing@bellsouth.net

2025 WINN FAIR EXHIBITOR 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, damage, or 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 _____ Phone _____

Please fill out and mail application with insurance waiver to:

Gwinnett Historical Society

P.O. Box 261

Lawrenceville, GA 30046

Attn: Elisha Winn Fair