

THE DELAWARE STATE FAIR, INC.  
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## Booking/Facilities Request Form

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Type of Event (Wedding Reception, Conference, Birthday): \_\_\_\_\_

Date Requested: \_\_\_\_\_ Facility Requested (if known): \_\_\_\_\_

Time: \_\_\_\_\_ Number of People: \_\_\_\_\_

Are you planning to serve food?      **Circle One**      YES      NO

Are you planning to serve alcohol?      **Circle One**      YES      NO

Is this event public or private?      **Circle One**      PUBLIC      PRIVATE

If the event is public, will you be selling tickets?      **Circle One**      YES      NO

If the event is ticketed, how much does a ticket cost?: \_\_\_\_\_

Do you have a website/social media page?      **Circle One**      YES      NO

If "YES" please list website/social media page here: \_\_\_\_\_

**\*\*\*PLEASE NOTE: A certificate of insurance must be submitted to the Delaware State Fair in order to book a facility for an event**