



BOROUGH OF EAST STAFFORDSHIRE MAYORAL VISITS

Please complete where appropriate and return to Julie Byrne, East Staffordshire Borough Council PO Box 8045 Burton upon Trent Staffordshire DE14 9JG

1.	Name of Organisation:												
2.	Function												
3.	Venue for this function (including full postal address)												
4.	Date of Function:												
5.	Function commences at:												
6.	Time Mayor/ Mayoress should arrive at:												
7.	Function finishes at:												
8.	Do you wish the Mayoress to be in attendance? Yes / No												
9.	Please give details of dress Mayor/ Mayoress should wear: <i>(Please tick and delete where appropriate)</i> <table><tr><td>Mayor</td><td></td><td>Mayoress</td><td></td></tr><tr><td>Lounge Suit</td><td><input type="checkbox"/></td><td>Day Dress</td><td><input type="checkbox"/></td></tr><tr><td>Dinner Jacket</td><td><input type="checkbox"/></td><td>Evening Dress</td><td><input type="checkbox"/></td></tr></table> Civic Chains <i>(Please state if you would like the chains to be worn)</i>	Mayor		Mayoress		Lounge Suit	<input type="checkbox"/>	Day Dress	<input type="checkbox"/>	Dinner Jacket	<input type="checkbox"/>	Evening Dress	<input type="checkbox"/>
Mayor		Mayoress											
Lounge Suit	<input type="checkbox"/>	Day Dress	<input type="checkbox"/>										
Dinner Jacket	<input type="checkbox"/>	Evening Dress	<input type="checkbox"/>										
10.	Name of person presiding at function and responsible for arrangements:												

11.	Name of person(s) who will receive the Mayor/Mayoress on arrival and accompany them during the engagement:
12.	Name(s) of other important guests (and position held in organisation) the Mayor/ Mayoress will be introduced to:
13	<p>Will refreshments be served? YES/NO Hot Meal <input type="checkbox"/> Buffet <input type="checkbox"/> Nibbles <input type="checkbox"/></p> <p>(Note: Where proceedings are lengthy, it will be appreciated, as a courtesy, if refreshments can be provided for the chauffeur. However, under no circumstances should intoxicants be supplied)</p> <p>Will alcohol be served Y/N</p> <p>Will refreshments be provided for the chauffeurs Y/N</p>
14	<p>Speeches/Toasts/Presentations</p> <p>Will the Mayor/ Mayoress be required to speak or perform any other functions:</p>
15	Please give details of the organisation – history, aims, etc
16	What car parking facilities are available for the Mayoral vehicle?
17	<p>Signed:</p> <p>Position in organisation:</p>
18	Address:
19	<p>Telephone Number</p> <p>Business:</p> <p>Private:</p>
20	Date

**** Please note, pro formas must be returned
7 days (minimum) prior of the function date.****

If you should have any queries relating to the completion of this form, please contact
Julie Byrne on 01283 508601 - Thank you.