



BOROUGH OF EAST STAFFORDSHIRE MAYORAL VISITS

Please complete where appropriate and return to Julie Byrne, Mayor's Office,
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)		
		
 Post Code		
4.	Date of Function:		
5.	Function commences at:	am/pm	
6.	Time Mayor/Consort should arrive at:	am/pm	
7.	Function finishes at:	am/pm	
8.	Do you wish the Consort to be in attendance? Yes / No <i>(Please delete as appropriate)</i>		
9.	Please give details of dress Mayor/Consort should wear: <i>(Please tick and delete where appropriate)</i>		
	Mayor Evening Dress – Long/Short <input type="checkbox"/> Day Dress <input type="checkbox"/> Civic Chains <i>(Please state if you would like the chains to be worn)</i>	Consort Dinner Jacket <input type="checkbox"/> Lounge Suit <input type="checkbox"/>	Yes / No
10.	Name of person presiding at function and responsible for arrangements:		
11.	Name of person(s) who will receive the Mayor/Consort on arrival and accompany them during the engagement:		
12.	Name(s) of other important guests (and position held in organisation) the Mayor/Consort will be introduced to:		
13	Will refreshments be served? YES/NO Hot meal <input type="checkbox"/> Finger Buffet <input type="checkbox"/> Nibbles <input type="checkbox"/> None <input type="checkbox"/> (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) Will refreshments be provided for the chauffeurs YES/NO
	Will alcohol be provided YES / NO
14	Speeches/Toasts/Presentations Will the Mayor/Consort be required to speak or perform any other functions: Yes / No If so, please give: (a) Subject of speech or name of toast (b) Approximate duration of speech _____ minutes <i>(This would not normally exceed three minutes)</i> (c) Details which will be of assistance to Mayor/Consort in preparation of remarks <i>(in short paragraph or note form)</i> (d) Details of any function such as presentations: (e) Name(s) of person(s) to whom you wish reference to be made by the Mayor/Consort and reason for reference:
15	Please give details of the organisation – history, aims, etc <i>(This can be given on a separate sheet, if necessary – please attach)</i>
16	What car parking facilities are available for the Mayoral vehicle?
17	Signed: Position in organisation:
18	Address:
19	Telephone Number Business: Private:
20	Date

Please note: This form must be returned 7 days (minimum) prior to the function date
If you have any queries relating to the completion of this form, please contact
Julie Byrne on 01283 508601. Thank you.