# Town Mayor of Dover Engagement Pro-forma 

TO ENABLE THE MAYOR TO PARTICIPATE APPROPRIATELY AT YOUR EVENT, PLEASE COMPLETE THIS FORM AND RETURN TO THE ADDRESS BELOW NO LATER THAN 3 WEEKS BEFORE THE ENGAGEMENT WHERE POSSIBLE.
IT IS REGRETTED THAT FAILURE TO RETURN THE FORM MAY RESULT IN THE EVENT BEING CANCELLED FROM THE MAYOR'S DIARY

| Title/nature of event: |  |  |  |
| :---: | :---: | :---: | :---: |
| Date of event: |  |  |  |
| Organisation: |  |  |  |
| Venue (including Postcode): |  |  |  |
| Time event begins: | Time Mayor should arrive: |  |  |
| Time event ends: | Time Mayor will be free to leave: |  |  |
| Will it be acceptable for the Mayoress/Consort to accompany the Mayor? | YES |  |  |
| At which entrance should the Mayor arrive? |  |  |  |
| Will refreshments be provided for the Mayor \& Town Sergeant? (Please circle where appropriate.) <br> * If YES please provide details. | MAYOR B | BOTH | NO |
| Please state if there will be a seat for the Town Sergeant |  |  |  |
| Do you wish the Mayor to perform a specific duty? <br> * If YES please provide details overleaf | YES |  |  |
| Please indicate dress code? |  |  |  |
| Should the Mayor wear Chain of Office or badge (please indicate by ticking the appropriate box) |  |  |  |
| Have Car parking facilities been reserved? (please circle) <br> If yes where: | YES |  |  |

Please give details of the person responsible for making the arrangements:

| Name: |  |  |  |
| :--- | :--- | :--- | :--- |
| Address: |  |  |  |
| Tel. No.: |  | Contact No. During <br> event: |  |
| Email: |  |  |  |

Please provide details for speech and/or details of duty to be performed:

Any other relevant information (e.g. names of other dignitaries attending)

Please return ASAP to:

## Town Mayor's \& Deputy Mayor's Secretary

Council Offices
Maison Dieu House

## Biggin Street

Dover
Kent CT16 1DW

Telephone: (01304) 242625
E-mail: mayoralty@dovertowncouncil.gov.uk

