**Chair of Council – Event Invitation Form 2025/26**

Please complete the details below to invite the Chair of the Council to attend your event. This will help us ensure appropriate arrangements are made.

**All requests should be submitted as early as possible before the event date.**

**Event Details**

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| **Name of Organisation:** |  |
| **Name of Event:** |  |
| **Date of Event:** |  |
| **Start Time:** | *[Enter start time or time the Chair should arrive]* |
| **End Time/Expected Duration:** | *[Enter end time or total duration]* |
| **Venue / Address of Event:** | *[Full address and postcode]* |
| **Type of Event:** | *[e.g., formal dinner, school visit, charity fundraiser, community celebration]* |
| **Number of guests expected to attend (approx.):** | *[Enter number]* |
| **Brief Description of the Event and Purpose:** | *[Include background/context, audience, significance, etc.]* |

**Protocol and Practical Information**

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| **Is a speech expected from the Chair?** | ☐ Yes☐ No*If yes, please provide details or attach a briefing note.* |
| **Will the Chair be required to perform any duties (e.g., present awards, open the event)?** | ☐ Yes☐ No*If yes, please specify:* |
| **Dress Code:** | *[e.g., formal, business, smart casual, outdoor wear]* |
| **Should the Chair wear the Civic Chain of Office?** | ☐ Yes☐ No*Please note: The chain is usually worn for formal/public events.* |
| **Is the invitation open to a ‘plus one’?** | ☐ Yes☐ No |
| **Parking/Arrival Instructions:** | *[Please provide details of parking arrangements and who will meet the Chair on arrival]* |
| **Key Contact on the Day:** | **Name:***[Enter name]***Phone Number:***[Enter phone number]* |

**Additional Information or Special Requirements:**

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| *[Please include anything else the Chair or Civic Office should be aware of]* |

**Submitted By**

|  |  |
| --- | --- |
| **Name:** | *[Your full name]* |
| **Organisation:** | *[Name of organisation]* |
| **Email Address:** | *[Your email]* |
| **Phone Number:** | *[Your contact number]* |
| **Date of Submission:** | *[Enter date]* |
| **Reply required by:** | *[Deadline]* |

**Please return this form to** **democratic@cotswold.gov.uk**