Further Information Sheet



THE WORSHIPFUL THE MAYOR OF WEST DEVON

	Date:								
	Event:								
	Location:								
	Name of host:								
	Organisation:								
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		(Please attach any relevant background information about your organisation)							
		aboui	t your org	anisatio	on)				
Attendance:			Mayor ar	nd Mayo	oress				
Person who wi on arrival:	ll meet the Mayo	r							
Start Time:									
What time sho	uld the Mayor arr	rive:							
Estimated finis	sh time:								
Names of any	special guests to	be							
introduced to t									
	r will wear the Ba		Office wit		,				
speech, perfor	tending, is the man opening control the Mayor to do:	eremo	-		•		-	•	•
•	e a contact numb unable to find ve own, etc)		ase of						

If you have any queries, please telephone Mrs Kathy Hoare, 01822 813538

Please return this form as soon as possible to:

The Mayor's PA
West Devon Borough Council
Kilworthy Park
Drake Road
Tavistock
PL19 0BZ

or email it to Kathy.Hoare@swdevon.gov.uk