Rother District Council

Event Initial Enquiry Form



Name of event		
Event location		
Event date		
Section One - Organiser D	Details	
Name of organisation		
Event organiser/s		
 Contact address 		
 Postcode 		
Tel No Home		
Tel No Work		
Mobile No		
Fax No		
e-mail address		
	er	
Section Two - Event Sum	mary (Please answer all relevant parts	s of this section)
Section 1 WO - Event Sunn	Tial y (Flease allswer all relevant parts	s of this section)
Description of event proposed	d:	
Dates/Times site required • Date/time to enter site for pre	eparation	
Start time each day		
Finish time each day		
Approximate number of peop	ole expected to attend each day:	
1-200 201-499	500+ If more than 500 please	e state:
	4	

Possible alternative site			
Do you intend to utilise or permit an tick the appropriate boxes (some of			f so, pleas
Fireworks/pyrotechnics		Live music	
Carnival/procession		Live entertainment	
Fairground equipment		Marquees	
Barrier/fencing		Portable generator	
Inflatables (e.g. bouncy castle)		Alcohol	
Horses/donkeys/other animals		Food/drink concessions	
Power supply		Bonfire/barbecue permit	
Toilets		Stalls	
Motorcycles (Display)		P.A. System	
Other motor vehicles (Display)		Portable staging	
Water (limited supply at some sites)		Stewarding/security	
Do you anticipate the need for:			
Road closure Closed gate	e notice	Car park closure	
understand that this is an initial enquinvent and preferred location. Once I hat equired to complete and return a full a lace.	ive received conf	irmation I understand I will	then be
Signed			
Position			
Date			
Please send this completed form to: sportsbookings@rother.gov.uk Neighbourhood Services Rother District Council Town Hall Bexhill on Sea, TN39 3JX			