**EVENTS AT LANCASTER CASTLE**

**INITIAL ENQUIRY FORM**

**Contact Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Business Name** |  | **Company/Charity Registration No:** |
| **Address**  |  |
| **Email** |  | **Tel. no.** |  |

**Event or Activity**

|  |  |
| --- | --- |
| Name of Event or Activity |  |
| Proposed date (s) of Event or Activity |  |
| Proposed start/end times |  |
| Anticipated number of attendees |  |
| Is the event open to the public/private/ticketed? |  |
| Event Suppliers(will you be use any infrastructure - entertainment, staffing – food & drink or bar suppliers)  |  |
| Event H&S (Have you conducted Risk Assessment & Method Statement for the event?) |  |
| Public Liability insurance(What is the indemnity level of your insurance?) |  |

Please provide a short description of your proposed event below, how the Castle will be used and please include details of any special requests & requirements:

**Thank you for your enquiry. We will check the dates and the nature of the proposed event/activity and come back to you as soon as possible.**