

SITE INFORMATION					
TOTAL NUMBER OF PERSONS	NUMBER OF CAMPSITES	NUMBER OF CABINS	NUMBER OF BEDS	FEAST HALL OR LARGE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAPACITY (# OF PERSONS)
KITCHEN FACILITIES? IF YES, DESCRIBE <input type="checkbox"/> YES <input type="checkbox"/> NO					
DRINKABLE WATER? IF NO, HOW WILL WATER BE PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO			SOURCE OF WATER <input type="checkbox"/> WELL, UNTREATED <input type="checkbox"/> WELL, TREATED <input type="checkbox"/> MUNICIPAL		
PERMANENT TOILET FACILITIES? IF YES, LIST SIZE / CAPACITY <input type="checkbox"/> YES <input type="checkbox"/> NO		RENTED PORTABLE TOILETS? LIST NUMBER (** SEE NOTE BELOW) <input type="checkbox"/> YES <input type="checkbox"/> NO		SHOWERS? IF YES, LIST NUMBER OF SHOWER HEADS <input type="checkbox"/> YES <input type="checkbox"/> NO	
<div style="background-color: yellow; text-align: center; padding: 2px;">** Note: If possible, the recommendation for portable toilets is that every group of portables include at least one handicap toilet.</div>					
HOT WATER CAPACITY AND LOCATION / DISTANCE FROM MAIN CAMP					
FIRE PIT / BARDIC CIRCLE? IF YES, LIST NUMBER OF PITS AND LOCATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO					
PETS ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO		HORSES ALLOWED? IF YES, WHAT FACILITIES OR SPECIAL ARRANGEMENTS ARE NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		EQUESTRIAN INSURANCE BINDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TOURNAMENT EVENTS					
NUMBER OF FIGHTING FIELDS	SIZE	ARRANGEMENT <input type="checkbox"/> BOX OF SQUARES <input type="checkbox"/> "L" <input type="checkbox"/> STRAIGHT LINE <input type="checkbox"/> SPLIT LOCATION <input type="checkbox"/> OTHER:			
GROUND TYPE <input type="checkbox"/> PACKED DIRT <input type="checkbox"/> GRASSY <input type="checkbox"/> SANDY <input type="checkbox"/> ROCKY <input type="checkbox"/> GRAVEL <input type="checkbox"/> LAWN <input type="checkbox"/> WILD GRASS (I.E. CLUMPS) <input type="checkbox"/> MIXED OR COMBINATION (DESCRIBE):					
FIELDS ARE <input type="checkbox"/> LEVEL <input type="checkbox"/> UNEVEN <input type="checkbox"/> ROUGH <input type="checkbox"/> SLOPING <input type="checkbox"/> OTHER			DO FIELDS CONTAIN GOPHER, CHUCK OR OTHER HOLES THAT MAY BE HAZARDOUS TO FIGHTERS OR PEDESTRIANS? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, THESE MUST BE FILLED IN PRIOR TO THE EVENT.
MARSHALL-IN-CHARGE (SCA NAME)			MARSHALL-IN-CHARGE (LEGAL NAME)		
ADDRESS OF MARSHALL-IN-CHARGE				ZIP / POSTAL CODE	
EMAIL ADDRESS			PHONE NUMBER (INLCUDE AREA CODE)		NUMBER (INLCUDE AREA CODE)
COMMUNICATION AND EMERGENCY INFORMATION					
CELL SERVICE ON SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LANDLINE PHONES ON SITE? IF NO, WHERE IS THE NEAREST ONE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
RADIOS ON SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY?	CHANNELS?	WHO WILL CONTROL THEM?	WHO WILL HAVE THEM?	
WHO NEEDS TO BE INFORMED OF SERIOUS INCIDENTS?			WHO WILL INFORM THEM?		
IF THERE IS AN EMERGENCY, WHO WILL DO WHAT? (ATTACH A SEPARATE SHEET IF NECESSARY)					
FIRE EXTINGUISHERS OR FIRE HOSES ON SITE? IF YES, HOW MANY? <input type="checkbox"/> YES <input type="checkbox"/> NO			LOCATIONS?		
NAME OF NEAREST POLICE STATION			DISTANCE / RESPONSE TIME FROM SITE MILES MINUTES		
NAME OF NEAREST HOSPITAL / CLINIC			DISTANCE / RESPONSE TIME FROM SITE MILES MINUTES		
NAME OF NEAREST AMBULANCE SERVICE			DISTANCE / RESPONSE TIME FROM SITE MILES MINUTES		
IN A CRITICAL EMERGENCY, IS A MEDIVAC HELICOPTER AVAILABLE IN THE AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO		RESPONSE TIME TO ARRIVE ON SITE MINUTES			
Note: Touch-down area must be a firm, level surface about 75 - 125 feet in diameter. The approach path can have no obstructions over 60 feet high within 100 yards of touch-down and over 180 feet high within 300 yards. These are the minimum needed for night landing.					

SITE AND OTHER INFORMATION

SITE ACCESS? IF SHARED, WITH WHO AND AT WHAT TIMES?
 SHARED EXCLUSIVE

IS ALCOHOL ALLOWED? IF YES: YES NO WET DISCREET OTHER: IS SMOKING ALLOWED? NO YES: PERSONAL CAMP AREA (WITH ASHTRAYS) DESIGNATED AREA(S)

FIRE RESTRICTIONS? IF YES, PLEASE LIST RESTRICTIONS
 YES NO

ARE THERE HAZARDS ON OR ADJACENT TO THE SITE? IF YES, WHAT ARE THEY? (RUNNING WATER, LAKE, RAILROAD TRACKS, RIFLE RANGE, ETC.)
 YES NO

ARE THERE NEIGHBORS WHICH MIGHT DETRACT FROM THE AMBIANCE OF THE EVENT? (GO-CART RACE TRACKS, DIRT BIKE TRAILS OR HILL CLIMB AREAS, RESORTS WITH LOUD P/A, ETC.)
 YES NO

IS THERE LIKLIHOOD OF TRESPASS, VANDALISM, THEFT, OR OTHER SECURITY PROBLEMS DUE TO LOCATION, SITE LAYOUT, OR SITE ACCESS BY LOCALS?

REQUIREMENTS AND SIGNATURES

Required Attachments:

- Feast Plan (page 5), if applicable.

Attach other documents, details, photographs, and related bit materials you would like to see considered. **Send 1 copy of the bid and accompanying material to EACH of the following:** The Crown, The Heirs (if applicable), Exchequer, Seneschal, and the Kingdom Events Deputy. (see *The Crier* for current addresses.) **NOTE: Please attach a google (or similar) map that has a long enough view to show the site in relation to the nearest large city.**

The following is to be included on site handout materials:

BEWARE when drinking from someone else's cup. Make sure you know the person and are **very sure** of what is in the cup **before** taking a drink. Occasionally, we will be hiring mundane law enforcement officers to patrol in garb with our constables at kingdom events. Be sure to strictly observe all mundane laws.

SPONSORING SENESCHAL CO-HOSTING/INCIPIENT SENESCHAL EVENT STEWARD

SIGNATURE	SIGNATURE	SIGNATURE
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OR, IF SUBMITTING THIS FORM AS A SAVED PDF ATTACHMENT, CHECK THE APPROPRIATE BOX BELOW

<input type="checkbox"/> BY CHECKING THIS BOX YOU AFFIRM THAT YOU ARE THE WARRANTED SENESCHAL OF THE SPONSORING BRANCH AND YOU ACKNOWLEDGE THAT YOU TAKE RESPONSIBILITY FOR THIS BID IN THE SAME MANNER AS IF YOU HAD SIGNED THIS FORM.	<input type="checkbox"/> BY CHECKING THIS BOX YOU AFFIRM THAT YOU ARE THE WARRANTED SENESCHAL OF THE CO-HOSTING/INCIPIENT BRANCH AND YOU ACKNOWLEDGE THAT YOU TAKE RESPONSIBILITY FOR THIS BID IN THE SAME MANNER AS IF YOU HAD SIGNED THIS FORM.	<input type="checkbox"/> BY CHECKING THIS BOX YOU AFFIRM THAT YOU ARE THE DESIGNATED EVENT STEWARD AND YOU ACKNOWLEDGE THAT YOU TAKE RESPONSIBILITY FOR THIS BID IN THE SAME MANNER AS IF YOU HAD SIGNED THIS FORM.
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DATE SIGNED / BOX CHECKED MM DD YYYY	DATE SIGNED / BOX CHECKED MM DD YYYY	DATE SIGNED / BOX CHECKED MM DD YYYY
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KINGDOM EXCHEQUER'S OFFICE COMPLETES (APPLICANT DO NOT WRITE BELOW THIS LINE) Forward 2 copies to Kingdom Seneschal

DATE RECEIVED MM DD YYYY	DATE RECEIPT ACKNOWLEDGED MM DD YYYY	FINDING <input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> UNACCEPTABLE	DATE FWD TO KINGDOM SENESCHAL MM DD YYYY	DATE RECEIPT ACKNOWLEDGED MM DD YYYY
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COMMENTS OF KINGDOM EXCHEQUER (USE BACK OF FORM OR ATTACH SEPARATE SHEET IF NECESSARY)

KINGDOM SENESCHAL'S OFFICE COMPLETES Forward 1 copy to the Crown upon completion

DATE RECEIVED MM DD YYYY	DATE RECEIPT ACKNOWLEDGED MM DD YYYY	FINDING <input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> UNACCEPTABLE	DATE FORWARDED TO CROWN MM DD YYYY
DATE SENESCHAL NOTIFIED OF CROWN'S DECISION MM DD YYYY	FINDING <input type="checkbox"/> AWARDED <input type="checkbox"/> NOT AWARDED	DATE SENESCHAL NOTIFIED AUTOCRAT MM DD YYYY	

COMMENTS OF KINGDOM SENESCHAL (USE BACK OF FORM OR ATTACH SEPARATE SHEET IF NECESSARY)



KINGDOM OF AN TIR

EVENT BUDGET

REQUIRED WITH KINGDOM EVENT BID SUBMISSION

Please type, or print legibly. If the space provided is not sufficient, use reverse side or attachments with the location of such clearly indicated.

BRANCH		EVENT				DATE (MM / DD / YYYY)	
INCOME - DO NOT INCLUDE THE NMR WHEN LISTING FEES							
FEE TYPE	AGE RANGE	(A) EST. ADVANCE REGISTRATIONS	(B) EST. AT-THE-DOOR AT-TENDEES	(C) ADVANCE FEES	(D) AT-THE-DOOR FEES	ESTIMATED INCOME (A x C) + (B x D)	
SITE FEE (ADULT)				\$	\$	\$	
FEAST FEE (ADULT)				\$	\$	\$	
FEAST FEE (YOUTH)				\$	\$	\$	
FEAST FEE (CHILD)				\$	\$	\$	
CLASS FEE				\$	\$	\$	
CHILD CARE				\$	\$	\$	
OTHER:				\$	\$	\$	
OTHER:				\$	\$	\$	
OTHER:				\$	\$	\$	
OTHER:				\$	\$	\$	
TOTAL ESTIMATED INCOME						\$	
EXPENSES							
ADVERTISING						\$	
EQUIPMENT RENTAL & MAINTENANCE						\$	
FEES & HONORARIA, SPECIFY:						\$	
FOOD						\$	
GENERAL SUPPLIES						\$	
INSURANCE (NON-SCA)						\$	
OCCUPANCY & SITE CHARGES						\$	
POSTAGE & SHIPPING, PO BOX RENTAL						\$	
PRINTING & PUBLICATIONS						\$	
TELEPHONE						\$	
TRAVEL (GAS, TAXI, AIRFARE)						\$	
OTHER EXPENSES, SPECIFY:						\$	
OTHER EXPENSES, SPECIFY:						\$	
OTHER EXPENSES, SPECIFY:						\$	
OTHER EXPENSES, SPECIFY:						\$	
OTHER EXPENSES, SPECIFY:						\$	
SUBTOTAL						\$	
DONATIONS TO OTHER 501(3)(c) [NONPROFIT] ORGANIZATIONS						\$	
MOVED TO ANOTHER SCA ACCOUNT WITHIN KINGDOM (itemize on back)						\$	
MOVED TO ANOTHER SCA ACCOUNT OUTSIDE KINGDOM (itemize on back)						\$	
TOTAL ESTIMATED EXPENSES						\$	
ADJUSTED EXPENSES (TOTAL ESTIMATED EXPENSES x 1.1)						\$	
ESTIMATED PROFIT (TOTAL ESTIMATED INCOME - ADJUSTED EXPENSES)						\$	
APPROVAL SIGNATURES							
BRANCH SENESCHAL OR EVENT STEWARD SIGNATURE		OR	<input type="checkbox"/> BY CHECKING THIS BOX YOU AFFIRM THAT YOU ARE THE WARRANTED SENESCHAL OR DESIGNATED EVENT STEWARD AND YOU ACKNOWLEDGE THAT YOU TAKE RESPONSIBILITY FOR THIS BUDGET IN THE SAME MANNER AS IF YOU HAD SIGNED THIS FORM.			DATE (MM / DD / YYYY)	
BRANCH EXCHEQUER SIGNATURE			<input type="checkbox"/> BY CHECKING THIS BOX YOU AFFIRM THAT YOU ARE THE WARRANTED EXCHEQUER AND YOU ACKNOWLEDGE THAT YOU TAKE RESPONSIBILITY FOR THIS BUDGET IN THE SAME MANNER AS IF YOU HAD SIGNED THIS FORM.			DATE (MM / DD / YYYY)	

FEAST PLAN

FEAST STEWARD		
FEAST STEWARD (SCA NAME)		FEAST STEWARD (LEGAL NAME)
ADDRESS OF FEAST STEWARD		ZIP CODE / POSTAL CODE
EMAIL ADDRESS	PHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)

FEAST INFORMATION		
FEAST FEE PER PERSON	DAY AND TIME OF FEAST	LOCATION OF FEAST
BRIEF DESCRIPTION OF MEAL PROVIDED FOR FEE		
FEAST GEAR <input type="checkbox"/> REQUIRED <input type="checkbox"/> PROVIDED	THEME OR SPECIFIC TIME PERIOD ASSOCIATED WITH THE FEAST	
TICKETS <input type="checkbox"/> PRE- REGISTRATION ONLY <input type="checkbox"/> AVAILABLE ON SITE <input type="checkbox"/> OTHER:		DATE TICKET SALES END (IF APPLICABLE)
NAME OF TICKET CONTACT PERSON	EMAIL ADDRESS	PHONE # (INCLUDE AREA CODE)

It is the responsibility of persons with food allergies to ascertain the content of what they eat. If there is someone other than the feast steward that will be answering questions or concerns regarding ingredients, please include their contact information below.

NAME OF FEAST CONTACT PERSON	EMAIL ADDRESS	PHONE # (INCLUDE AREA CODE)
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TENTATIVE MENU (OPTIONAL)	PLANNED FEAST ENTERTAINMENT (OPTIONAL)