

KINGDOM OF AN TIR

CROWN & KINGDOM EVENT BID

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

GENERAL BID INFORMATION

YEAR OF EVENT	EVENT	<input type="checkbox"/> TWELFTH NIGHT	<input type="checkbox"/> JULY CORONATION	<input type="checkbox"/> A&S CHAMPIONSHIP	<input type="checkbox"/> CROWN COUNCIL
		<input type="checkbox"/> MAY CROWN	<input type="checkbox"/> SEPTEMBER CROWN	<input type="checkbox"/> AN TIR / WEST WAR	<input type="checkbox"/> OTHER (SPECIFY):
NAME OF SPONSORING BRANCH					
SENE SCHAL (SCA NAME)			SENE SCHAL (LEGAL NAME)		
ADDRESS OF SENE SCHAL				ZIP CODE / POSTAL CODE	
EMAIL ADDRESS		PHONE NUMBER (INCLUDE AREA CODE)		FAX NUMBER (INCLUDE AREA CODE)	
NAME OF HOSTING GROUP (CO-HOSTING GROUP OR INCIPIENT BRANCH) IF APPLICABLE					
SENE SCHAL (SCA NAME)		SENE SCHAL (LEGAL NAME)		EMAIL ADDRESS	
ADDRESS OF SENE SCHAL			ZIP CODE / POSTAL CODE	PHONE NUMBER (INCLUDE AREA CODE)	
SITE NAME			SITE LOCATION / ADDRESS		
SITE CONTACT PERSON			TITLE		
EMAIL ADDRESS		PHONE NUMBER (INCLUDE AREA CODE)		FAX NUMBER (INCLUDE AREA CODE)	
AUTOCRAT (SCA NAME)			AUTOCRAT (LEGAL NAME)		
ADDRESS OF AUTOCRAT				ZIP CODE / POSTAL CODE	
EMAIL ADDRESS		PHONE NUMBER (INCLUDE AREA CODE)		FAX NUMBER (INCLUDE AREA CODE)	

FINANCIAL ARRANGEMENTS

WHO IS RESPONSIBLE FOR RECEIVING AND DISTRIBUTING FUNDS, E.G., RESERVATION INCOME, SITE AND FEAST EXPENSES, ETC.?	IS THERE AN AGREED-UPON DIVISION OF THE REMAINING PROFITS BETWEEN THE SPONSOR AND THE HOST?	IF YES, WHAT PERCENTAGE?
	<input type="checkbox"/> YES <input type="checkbox"/> NO	

SPECIAL FINANCIAL ARRANGEMENTS AND LOSSES

Kingom Law and Financial Policies regarding this subject apply in all cases, but this section pertains to the amounts that the sponsoring branch must cover when co-hosting or utilizing an incipient branch. In the event a loss is realized, who would bear the burden of the loss? Please outline these arrangements if applicable and attach. The required signature of each seneschal denotes their agreement to all the terms under the headings "Financial Arrangements" and "Special Financial Arrangements and Losses".

NOTE: Site fees for Crown events are: \$15.00 USD or CAD (\$3 USD/CAD Non-Member Surcharge applies to all who are charged the "adult" rate). Suggested family cap: 2 adults, 2 youth.

IN WHAT FUNDS ARE THE DOLLAR AMOUNTS LISTED?	FEE SCHEDULE (IT IS NOT NECESSARY TO HAVE TWO DIFFERENT PRICES, BUT SOME GROUPS PREFER THIS METHOD)	
<input type="checkbox"/> U.S. <input type="checkbox"/> CANADIAN	1. \$ UNTIL	2. \$ UNTIL
IS A DOWN PAYMENT OR DEPOSIT ON THE SITE REQUIRED?	IF YES, AMOUNT	IS THE BRANCH OR THE KINGDOM REQUIRED TO PROVIDE THE SITE DEPOSIT?
<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> BRANCH <input type="checkbox"/> KINGDOM <input type="checkbox"/> PORTIONED
IF THE KINGDOM IS REQUESTED TO PAY THE FULL / PORTION OF THE SITE DEPOSIT, HOW MUCH IS REQUESTED?	IF SO, CONTACT THE EXCHEQUER IMMEDIATELY WITH DETAILS. OUTLINE OF ARRANGEMENTS WITH EXCHEQUER SHOULD BE IN WRITING AND A COPY ATTACHED TO THIS BID FORM.	
\$		

INCOME & EXPENSE PROJECTION SUMMARY (ATTACH FULL BREAKDOWN - SEE EVENT BUDGET REPORT FORM PAGE 5)

ANTICIPATED INCOME FROM GATE FEES	\$
OTHER ANTICIPATED INCOME (MERCHANTS, FEASTS, ETC.)	\$
TOTAL PROJECTED INCOME	\$
TOTAL SITE COST + ANTICIPATED OTHER EXPENSES (ATTACH DETAILED ITEMIZATION)	\$ ()
ANTICIPATED NET PROFIT	\$

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? IF YES, LIST NUMBER <input type="checkbox"/> YES <input type="checkbox"/> NO		SHOWERS? IF YES, LIST NUMBER OF SHOWER HEADS <input type="checkbox"/> YES <input type="checkbox"/> NO MALE FEMALE	
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"/> "L" <input type="checkbox"/> BOX OF SQUARES <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)

CHIRURGEON IN CHARGE

CHIRURGEON IN CHARGE (SCA NAME)	CHIRURGEON IN CHARGE (LEGAL NAME)	
ADDRESS OF CHIRURGEON IN CHARGE		ZIP CODE / POSTAL CODE
EMAIL ADDRESS		PHONE NUMBER (INCLUDE AREA CODE) FAX NUMBER (INCLUDE AREA CODE)

COMMUNICATION AND EMERGENCY INFORMATION

PHONES ON SITE? IF NO, WHERE IS THE NEAREST ONE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
RADIOS ON SITE?	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 / ACKNOWLEDGEMENTS

Required Attachments:

- Feast Plan (page 4), 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 Events Deputy. (see *The Crier* for current addresses.) This pdf form can be saved using Adobe Reader and can be sent to the appropriate parties via email attachment.

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	AUTOCRAT
SIGNATURE	SIGNATURE	SIGNATURE

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 AUTOCRAT AND YOU ACKNOWLEDGE THAT YOU TAKE RESPONSIBILITY FOR THIS BID IN THE SAME MANNER AS IF YOU HAD SIGNED THIS FORM.
DATE SIGNED / BOX CHECKED DD MM YYYY	DATE SIGNED / BOX CHECKED DD MM YYYY	DATE SIGNED / BOX CHECKED DD MM YYYY

KINGDOM EXCHEQUER'S OFFICE COMPLETES (APPLICANT DO NOT WRITE BELOW THIS LINE) Forward 2 copies to Kingdom Seneschal

DATE RECEIVED DD MM YYYY	DATE RECEIPT ACKNOWLEDGED DD MM YYYY	FINDING <input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> UNACCEPTABLE	DATE FWD TO KINGDOM SENESCHAL DD MM YYYY	DATE RECEIPT ACKNOWLEDGED DD MM YYYY
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 DD MM YYYY	DATE RECEIPT ACKNOWLEDGED DD MM YYYY	FINDING <input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> UNACCEPTABLE	DATE FORWARDED TO CROWN DD MM YYYY
DATE SENESCHAL NOTIFIED OF CROWN'S DECISION DD MM YYYY	FINDING <input type="checkbox"/> AWARDED <input type="checkbox"/> NOT AWARDED	DATE SENESCHAL NOTIFIED AUTOCRAT DD MM YYYY	
COMMENTS OF KINGDOM SENESCHAL (USE BACK OF FORM OR ATTACH SEPARATE SHEET IF NECESSARY)			

FEAST PLAN

FEASTOCRAT

FEASTOCRAT (SCA NAME)		FEASTOCRAT (LEGAL NAME)	
ADDRESS OF FEASTOCRAT			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)

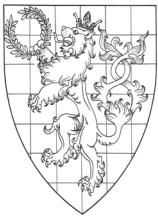
It is the responsibility of persons with food allergies to ascertain the content of what they eat. If there is someone other than the feastocrat that will be answering questions or concerns regarding ingredients, please include their contact information below.

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

PLANNED FEAST ENTERTAINMENT (OPTIONAL)

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KINGDOM OF ANTIR

EVENT BUDGET REPORT FORM

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 (DD / MM / YYYY)	
INCOME - DO NOT INCLUDE THE NMS WHEN LISTING FEES							
FEE TYPE	AGE RANGE	(A) EST. ADVANCE REGISTRATIONS	(B) EST. AT-THE-DOOR ATTENDEES	(C) ADVANCE FEES	(D) AT-THE-DOOR FEES	ESTIMATED INCOME (A x C) + (B x D)	
SITE FEE (ADULT)				\$	\$	\$	
SITE FEE (YOUTH)				\$	\$	\$	
SITE FEE (CHILD)				\$	\$	\$	
FEAST FEE (ADULT)				\$	\$	\$	
FEAST FEE (YOUTH)				\$	\$	\$	
FEAST FEE (CHILD)				\$	\$	\$	
CLASS FEE				\$	\$	\$	
CHILD CARE				\$	\$	\$	
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:						\$	
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 AUTOCRAT			BRANCH EXCHEQUER			DATE (DD / MM / YYYY)	