

DATE OF REPORT
MM | DD | YYYY

1. EVENT SUMMARY

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):		
DATES OF EVENT		EVENT LOCATION (SCA BRANCH)		EVENT LOCATION (MODERN CITY OR AREA)	
MM DD - MM DD YYYY					
TOTAL NUMBER OF ATTENDEES		BREAKDOWN:		ADULTS	YOUTHS
					CHILDREN
TOTAL INCOME \$		TOTAL EXPENSES \$		TOTAL PROFIT / (LOSS) \$	

2. ACTIVITIES

TOURNAMENTS	NUMBER OF PARTICIPANTS	WAR	NUMBER OF PARTICIPANTS	OTHER	NUMBER OF PARTICIPANTS
<input type="checkbox"/> HEAVY	_____	<input type="checkbox"/> HEAVY	_____	<input type="checkbox"/> BARDIC	_____
<input type="checkbox"/> RAPIER	_____	<input type="checkbox"/> RAPIER	_____	<input type="checkbox"/> ARTS & SCIENCES	_____
<input type="checkbox"/> ARCHERY	_____	<input type="checkbox"/> ARCHERY	_____	<input type="checkbox"/> CLASSES	_____
				<input type="checkbox"/> OTHER	_____
				<input type="checkbox"/> OTHER	_____

SPECIFY OTHER: _____

FOR ANY ACTIVITY THAT WAS A COMPETITION (WAR, TOURNAMENT, BARDIC COMPETITION, ETC.) PLEASE LIST THE WINNER

ACTIVITY	WINNER	ACTIVITY	WINNER

3. STAFF INFORMATION

AUTOCRAT (SCA NAME)	AUTOCRAT (MODERN NAME)	PHONE NUMBER
CO-AUTOCRAT (SCA NAME)	CO-AUTOCRAT (MODERN NAME)	PHONE NUMBER
MARSHAL IN CHARGE (SCA NAME)	MARSHAL IN CHARGE (MODERN NAME)	PHONE NUMBER
CHIRURGEON IN CHARGE (SCA NAME)	CHIRURGEON IN CHARGE (MODERN NAME)	PHONE NUMBER
MERCHANT COODINATOR (SCA NAME)	MERCHANT COODINATOR (MODERN NAME)	PHONE NUMBER
LIST PERSON (SCA NAME)	LIST PERSON (MODERN NAME)	PHONE NUMBER
HERALD (SCA NAME)	HERALD (MODERN NAME)	PHONE NUMBER
CHIEF COOK (SCA NAME)	CHIEF COOK (MODERN NAME)	PHONE NUMBER
OTHER (SCA NAME)	OTHER (MODERN NAME)	PHONE NUMBER

REPORTS ATTACHED			
<input type="checkbox"/> MARSHAL	<input type="checkbox"/> LISTS	<input type="checkbox"/> HERALD	<input type="checkbox"/> OTHER (SPECIFY)
<input type="checkbox"/> CHIRURGEON	<input type="checkbox"/> MERCHANT	<input type="checkbox"/> CHIEF COOK	

4. GENERAL INFORMATION

SITE ADDRESS					
SITE CONTACT NAME			SITE CONTACT PHONE NUMBER		SITE CONTACT EMAIL
TIME SITE OPENED	TIME SITE CLOSED	TYPE OF EVENT <input type="checkbox"/> CAMPING <input type="checkbox"/> INDOOR		FEAST <input type="checkbox"/> YES <input type="checkbox"/> NO	DID YOU HAVE ENOUGH VOLUNTEERS? <input type="checkbox"/> YES <input type="checkbox"/> NO (EXPLAIN IN SECTION # OR ATTACH REPORT)
IF NO TO ANY OF THE FOLLOWING, REPORT IN SECTION 9 OR ATTACH A SEPARATE REPORT:			WAS THE SITE ADEQUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THERE ENOUGH PARKING? <input type="checkbox"/> YES <input type="checkbox"/> NO	WOULD YOU RECOMMEND THIS SITE FOR FUTURE USE? <input type="checkbox"/> YES <input type="checkbox"/> NO

5. GATE RECORDS

FUNDS LISTED ARE IN: U.S. CANADIAN

		MEMBERS	NON-MEMBERS	NMS	GATE FEE	INCOME
ADULT FEE						
ADULT (COMPENSATED – NO FEE)						
YOUTH (NO FEE)	AGE RANGE FOR YOUTH:			N/A	N/A	N/A
CHILD (NO FEE)	AGE RANGE FOR CHILD:			N/A	N/A	N/A
TOTALS						

6. FULL INCOME

GATE INCOME (NOT INCLUDING NMS)	
FEAST INCOME (IF APPLICABLE)	
OTHER (SPECIFY):	
OTHER (SPECIFY):	
TOTAL INCOME	

7. EXPENSES

SITE RENTAL (INCLUDING DEPOSIT)	
INSURANCE CERTIFICATE (IF APPLICABLE)	
PORTABLE TOILETS (IF APPLICABLE)	
OTHER (SPECIFY):	
OTHER (SPECIFY):	
OTHER (SPECIFY):	
OTHER (SPECIFY):	
OTHER (SPECIFY):	
OTHER (SPECIFY):	
OTHER (SPECIFY):	
OTHER (SPECIFY):	
TOTAL EXPENSES	

8. TOTAL PROFIT / (LOSS)

TOTAL PROFIT / (LOSS)	
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9. NOTES (if space is insufficient, attach separate document)

WHAT CHALLENGES DID YOU FACE WITH THIS EVENTS?

HOW WOULD YOU AVOID THESE CHALLENGES?

WHAT WORKED WELL AT THIS EVENT?

WHAT WOULD YOU DO DIFFERENTLY?

NOTES ON THE SITE

SUGGESTIONS FOR NEXT TIME