Kingdom of Atlantia, SCA, Inc.

Kingdom Event Bid Form

PLEASE COMPLETE THIS FORM AND SEND COPIES TO THE FOLLOWING:

- Kingdom Event Bids Deputy at Kingdom Events @atlantia.sca.org
- Please send to the Kingdom Seneschal if the Event Bids Deputy office is vacant
- University Bids CC the Kingdom Minister of Arts and Sciences at <u>KMOAS@atlantia.sca.org</u> and the University Chancellor at <u>University@atlantia.sca.org</u>

I. Sponsorship: Indicate the household or SCA Grou	p Branch that is sponsoring the event.
☐ Selectif this event is to be a kingdom-level even	t not affiliated with a local group or household.
Spons oring Branch Name: Senes chal/Point of Contact's SCA Name: Senes chal/Point of Contact I's Modern Name: Street Address: Town/State/Zip: Telephone: Email Address:	
Co-Sponsoring Branch Name: Senes chal/Point of Contact 's SCA Name: Senes chal/Point of Contact 's Modern Name: Street Address: Town/State/Zip: Telephone: Email Address:	
II. Event being bid upon for year	
 □ Twelfth Night (2nd Saturday of January) □ KA&S Festival (1st Saturday of March) □ Spring Crown (1st Saturday of May) □ Fall University (3rd Saturday of September) □ Fall Crown (1st Saturday of November) □ Tournament of the Golden Rose (3rd Saturday of April) 	 □ Winter University (1st Saturday of February) □ Spring Coronation (1st Saturday of April) □ Summer University (2nd Saturday of June) □ Fall Coronation (2nd Saturday of October) □ Unevent (1st Saturday of December)
REMINDER: Spring Coronation—if the 1 st Saturday in held on the 2 nd Saturday in April. Fall Crown Tournam November 1st, the will be held the 2nd Saturday in No	nent – if the 1st Saturday in November falls on

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III. Co	ntacts:				
AUTO	CRAT:				
SCAN					
	ern Name:				
	t Address:				
	/State/Zip:				
	hone:				
	Email Address: SCA Membership#and Exp.:				
3CA IV					
HEAD	соок:				
SCAN	lame:				
	ern Name:				
	t Address:				
	/State/Zip:				
	hone:				
Emai	Address:				
	a.\$ site fee, please indicate if				
\$	Projected Feast Cost for a dult seats at feast				
V. Pro	pposed Fee Schedule				
\$	SITE FEE/PERSON (Base number)				
\$	DAYTRIP RATE (Adult Member)				
\$	FEAST (Adult Member) DO NOT include daytrip or overnight fee in this cost.				
\$	OVERNIGHT FEE (Adult Member) DO NOT include daytrip or feast fee in this cost.				

DISCOUNT for those under 18—please break down any discounts for children. Age range: Rate: Age range: Rate:				ny discounts for children.	
Age range:			Rate:		
Age rar	_		Rate:		
EARLY	_	NTED RATI	ES (ADULT RATES)		
\$	UNTIL	date			
\$	UNTIL	date			
whole of encourthe bud	dollar discour <i>aged,</i> please l	its for yout be mindfu	:h under 18 are encour I of the amount if an ea	ncluded in the above numbers. However graged. Early bird discounts are not arly registration discount is allowed. If a Kingdom Event Bid Deputy with an upo	ny of
				e sources for attendance projections if ocumentations uch as site rules.	other
VI. Site	Information				
Na me c	of Site:				
Locatio	n/Address:				
City	•		State	Zip	
•	g Address (if	not the sa	ime as site location:	·	
City	,		State	Zip	
R C P S T	indicate the N ooms/Cabins amping Spaces arking Spaces howers oilets east Hall Seat	es S F	et: beds per cabin Portajohns rapacity capacity		
The fol	lowing amen	ities ARE a	vailable:		
	di capped Acc				
_	itorium		ss/Meeting Rooms	☐ Private Rooms/Royal Room	
Figh	ting Fields	□Ou	tdoor Amphitheater	☐ Equestrian Facilities (Explain belo	ow.)
	hen Facilities	_	ningArea		
Hot	Water 🔲	Electricity	Telephones	☐ Free Wi Fi Connection	
Hea	t 🗆	Air Condit	ioning		
□Hote	els convenien	t to site	miles		
Rest	aurants conv	enient to s	ite miles		
☐Gro	cery Stores co	nvenient t	o site miles		
Gas Stations convenient to site miles					

□ Special Facilities/Features (BE SPECIFIC. Please feel free to include as an attachment.)						
The following activities ARE permitted: Any restrictions should be noted below.						
Martial ☐ Heavy ☐ Rapier ☐ Equestrian ☐ Siege Weapons ☐ Thrown Weapons ☐ Combat Archery ☐ Target Archery						
Fires/Flames ☐ Ground Fires ☐ Fire Circles ☐ Above-ground Fires ONLY ☐ Candles						
Pets □ Unleashed □ Leashed Only □ Service Animals ONLY						
Alcohol ☐ Unrestricted ☐ Beer and Wine ☐ Cooking ONLY ☐ Purchased From Site ONLY						
Other Merchants Site Restrictions not noted a bove (BE SPECIFIC. Please feel free to include as an attachment.)						
VII. Indicate that a site map is attached ☐ Yes ☐ No VIII. Indicate that directions are attached ☐ Yes ☐ No						
IX. Indicate that Atlantian Event Report form is attached and that the Event Budget tab has been COMPLETED \(\subseteq \text{Yes} \) No						
IX. Indicate if there are attachments other than site map and directions						

XI. Financial Agreement The hosting SCA branch understands and agrees that all profits from Kingdom-level events are to be divided in accordance with Atlantian Financial Policy. The Kingdom's share will be forwarded to the Kingdom Chancellor of the Exchequer within the time required in Atlantian Kingdom Law and Policy. If more than one branch submit a joint bid, the branches will share profits not due to the Kingdom (or whatever losses) as mutually agreed between the hosting groups. (Signature, Seneschalof Hosting Branch) Date

XII. Autocrat Agreement of Understanding

(Signature, Seneschal of Co-host or Incipient Branch)

As the potential Autocrat for the above-detailed event, I understand that following is my responsibility, if this bid is accepted:

Date

I understand the process to register/Spike this event and will complete this as soon as possible (http://spike.atlantia.sca.org/event/menu.php) ______ (initials)

I understand the process to submit for an event flyer and will complete this as soon as possible (http://spike.atlantia.sca.org/flyer/eflyer.php) ______ (initials)

I understand that it is my responsibility to ensure that this event is well advertised on social medical and SCA e-lists to ensure a good attendance _____ (initials)

I understand that it is my responsibility to ensure that there is a website set-up for this event and a Facebook Event Page (the event page is not required, but is highly recommended) _____ (initials)

(Signature, Autocrat) Date

Please address questions or concerns about this form to the Kingdom Event Bids Deputy, KingdomEvents@atlantia.sca.org