

UNIFIED ATLANTIAN EVENT BID FORM

For Local and Kingdom Events

This form consolidates requirements for both baronial/local events and kingdom-level events. Complete all sections that apply to your event. For all events, also submit the Kingdom Event Budget Excel.

I. EVENT INFORMATION

Event Name: _____

Proposed Date(s): _____

Event Level (check one):

Local/Baronial Event

Kingdom Event

For Kingdom Events, select the specific event type:

Twelfth Night (2nd Sat of January)

Spring Coronation (1st Sat of April)

Winter University (1st Sat of February)

Spring Crown (1st Sat of May)

Kingdom A&S Festival (1st Sat of March)

Summer University (2nd Sat of June)

Fall University (3rd Sat of September)

Fall Coronation (1st Sat of October)

Fall Crown (1st Sat after Halloween)

War of the Wings (2nd-3rd weekend of October)

II. SPONSORING GROUP INFORMATION

Select if this event is a Kingdom Level event NOT affiliated with a local group or household. (If checked, go Section III. Event Steward Information)

Primary Sponsoring Group

Group/Branch Name: _____

Seneschal SCA Name: _____

Seneschal Legal Name: _____

Phone Number: _____

Email Address: _____

Co-Sponsoring Group (if applicable)

Group/Branch Name: _____

Seneschal SCA Name: _____

Seneschal Legal Name: _____

Phone Number: _____

Email Address: _____

III. EVENT STEWARD (AUTOCRAT) INFORMATION - REQUIRED

SCA Name: _____

Legal Name: _____

Address: _____

Phone Number: _____

Email Address: _____

SCA Membership Number: _____

Membership Expiration Date: _____

Emergency Deputy Event Steward (REQUIRED)*

SCA Name: _____

Legal Name: _____

Phone Number: _____

Email Address: _____

IV. KEY STAFF POSITIONS

The following positions are REQUIRED to submit a bid: Event Steward, Emergency Deputy, Reservationist, and Site Steward.*

Positions marked 'if applicable' are required only to submit a bid if that activity is planned for your event.

Head Cook (Required if applicable)

SCA Name: _____

Modern Name: _____

Email/Phone: _____

Kitchen Clean Up

SCA Name: _____

Modern Name: _____

Email/Phone: _____

Reservationist (REQUIRED)*

SCA Name: _____

Modern Name: _____

Email/Phone: _____

Marshal in Charge (Required if applicable)

SCA Name: _____

Modern Name: _____

Email/Phone: _____

Minister of the Lists (Required if applicable)

SCA Name: _____

Modern Name: _____

Email/Phone: _____

Herald

SCA Name: _____

Modern Name: _____

Email/Phone: _____

A&S Coordinator (Required if applicable)

SCA Name: _____

Modern Name: _____

Email/Phone: _____

Site Steward/Logistics Coordinator (Required)

SCA Name: _____

Modern Name: _____

Email/Phone: _____

Hall Steward

SCA Name: _____

Modern Name: _____

Email/Phone: _____

Children's Activities Coordinator

SCA Name: _____

Modern Name: _____

Email/Phone: _____

Newcomer's Activities Coordinator

SCA Name: _____

Modern Name: _____

Email/Phone: _____

Web Minister

SCA Name: _____

Modern Name: _____

Email/Phone: _____

Accessibility Officer

SCA Name: _____

Modern Name: _____

Email/Phone: _____

Royal Liaison

SCA Name: _____

Modern Name: _____

Email/Phone: _____

_____ I confirm that each individual listed above has agreed to perform the duties of their designated staff position for this event. (Autocrat initials)

V. BUDGET SUMMARY

For Kingdom Events, attach the official Atlantian Event Budget & Report form.

Projected Costs

Total Site Costs (deposit, rental, etc.): \$ _____

Site Deposit (If refundable) \$ _____

Feast Costs: \$ _____

Miscellaneous (prizes, decorations, supplies, printing): \$ _____

Rental Costs (tables, chairs, equipment): \$ _____

Camping/Cabin Costs: \$ _____

TOTAL PROJECTED COSTS: \$ _____

Attendance Projections

Expected Attendance: _____

Break-even Attendance: _____

Number of Paid Feast Seats: _____

Number of Comped Feast Seats: _____

Proposed Fee Schedule

Day Trip (Adult Member): \$ _____

Day Trip (Adult Non-Member): \$ _____

Overnight (Adult Member): \$ _____

Overnight (Adult Non-Member): \$ _____

Child (Ages 6-17): \$ _____

Child (Ages 0-5): \$ _____

Feast: \$ _____

Cabin/Camping: \$ _____

VI. SITE INFORMATION

Name of Site: _____

Physical Address: _____

Site Contact Name: _____

Site Contact Phone: _____

Site Website: _____

Site Capacity (indicate numbers)

_____ Rooms/Cabins

_____ Feast Hall Seats

_____ Beds per Cabin

_____ Class/Meeting Rooms

_____ Camping Spaces

_____ Restrooms

_____ Parking Spaces

_____ Showers

Site Amenities Available (check all that apply)

Kitchen Facilities

Hot Water

Cold Water (Spigot)

Electricity

Heat

Air Conditioning

Internet Connectivity

Telephones

Auditorium/Amphitheater

Private/Royal Room

Fighting Fields

Archery Range

Equestrian Facilities

Dining Area

Handicapped/ADA Accessible

Primitive Site

Hotels Near Site (distance in miles): _____

Restaurants Near Site (distance in miles):

Grocery Stores Near Site (distance in miles):

ADA Accommodations Available

Describe ADA accessibility or accommodations that will be made:

VII. PERMITTED ACTIVITIES

Martial Activities Permitted

- | | |
|---|--|
| <input type="checkbox"/> Heavy (Armored) Combat | <input type="checkbox"/> Heavy (Rebated Steel) |
| <input type="checkbox"/> Rapier | <input type="checkbox"/> Youth Armored Combat |
| <input type="checkbox"/> Youth Rapier | <input type="checkbox"/> Target Archery |
| <input type="checkbox"/> Combat Archery | <input type="checkbox"/> Youth Archery |
| <input type="checkbox"/> Thrown Weapons | <input type="checkbox"/> Siege Weapons |
| <input type="checkbox"/> Equestrian | |

Pets

- Service Animals Only Leashed Only Unleashed Permitted

Alcohol

- | | |
|--|---|
| <input type="checkbox"/> Unrestricted | <input type="checkbox"/> Beer & Wine Only |
| <input type="checkbox"/> Cooking Only | <input type="checkbox"/> Purchased from Site Only |
| <input type="checkbox"/> Not Permitted | <input type="checkbox"/> Other (explain below) |

Fires/Flames

- | | |
|--|---|
| <input type="checkbox"/> Ground Fires Permitted | <input type="checkbox"/> Fire Circles Permitted |
| <input type="checkbox"/> Above Ground Fires Only | <input type="checkbox"/> Candles Permitted |
| <input type="checkbox"/> No Open Flames | <input type="checkbox"/> Site Provided Fire Pits Only |

Other

- Merchants Authorized

Site Restrictions

Explain any site restrictions or special requirements:

VIII. EVENT DESCRIPTION & ACTIVITIES

Planned Activities (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Court | <input type="checkbox"/> Feast |
| <input type="checkbox"/> A&S Activities/Competition | <input type="checkbox"/> Bardic |
| <input type="checkbox"/> Classes/Workshops | <input type="checkbox"/> Children's Activities |
| <input type="checkbox"/> Tournament(s) | <input type="checkbox"/> Newcomer Activities |
| | <input type="checkbox"/> Demos |

Event Theme (if any)

What makes this site a good choice for this event?

Event Steward Qualifications & Experience

Additional Notes

IX. ATTACHMENTS CHECKLIST

- Site Map / Layout
- Site Photos (if available)
- Proposed Site Contract
- Atlantian Event Budget & Report (Kingdom Events)
- Official Kingdom Event Bid Form (Kingdom Events)
- Other _____

X. FINANCIAL AGREEMENT

The hosting SCA branch understands and agrees that all proceeds from this event are to be handled in accordance with applicable Kingdom and local financial policies.

For Kingdom Events: The Kingdom's share will be forwarded to the Kingdom Exchequer within the time required by Atlantian Kingdom Law and Policy.

For Baronial Events: All proceeds will be forwarded to the Baronial Exchequer within the time required by Kingdom Law & Policies and Baronial Policies.

If more than one branch submits a joint bid, the branches will share profits (or losses) not due to the Kingdom/Barony as mutually agreed between the branches.

XI. EVENT STEWARD AGREEMENT OF UNDERSTANDING

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

- _____ I understand the process to register/Spike this event and will complete this as soon as possible.
- _____ I understand the process to submit an event flyer and will complete this within required timelines.
- _____ I understand that if the flyer is not completed within the Chronicler's timeline, the event may be removed from the calendar.

_____ I understand it is my responsibility to ensure this event is well advertised on social media and SCA e-lists.

_____ I understand it is my responsibility to ensure there is a website for the event.

_____ I have read the current applicable Kingdom and local policies.

_____ I have read the current applicable financial policies.

XII. SIGNATURES

Event Steward (Autocrat) Signature

Date

Seneschal of Hosting Branch Signature

Date

Seneschal of Co-Hosting Branch Signature (if applicable)

Date

SUBMISSION INSTRUCTIONS

For Baronial/Local Events, send copies to:

- Baronial/Local Seneschal
- Baronial/Local Exchequer
- Coronet/Baron & Baroness (if applicable)

For Kingdom Events, send copies to:

- Kingdom Event Bids Committee at KingdomEvents@atlantia.sca.org
- Kingdom Seneschal (if Kingdom Event Coordinator office is vacant)
- For University bids: CC KMOAS@atlantia.sca.org and University@atlantia.sca.org
- For Kingdom Arts & Sciences Festival bids: CC KMOAS@atlantia.sca.org