



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

DATE OF EVENT	EVENT					
MM   DD   —   MM   DD   YYYY	<input type="checkbox"/> FEBRUARY INVESTITURE	<input type="checkbox"/> JUNE CORONET	<input type="checkbox"/> AVACAL / TIR RIGH WAR			
	<input type="checkbox"/> AUGUST INVESTITURE	<input type="checkbox"/> NOVEMBER CORONET	<input type="checkbox"/> A&S AND BARDIC			

NAME OF SPONSORING BRANCH		
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SENECHAL (SCA NAME)	SENECHAL (LEGAL NAME)
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ADDRESS OF SENECHAL	ZIP CODE / POSTAL CODE
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EMAIL ADDRESS	PHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)
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NAME OF HOSTING GROUP (CO-HOSTING GROUP OR INCIPIENT BRANCH) IF APPLICABLE		
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SENECHAL (SCA NAME)	SENECHAL (LEGAL NAME)	EMAIL ADDRESS
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ADDRESS OF SENECHAL	ZIP CODE / POSTAL CODE	PHONE NUMBER (INCLUDE AREA CODE)
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SITE NAME	SITE LOCATION / ADDRESS
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SITE CONTACT PERSON	TITLE
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EMAIL ADDRESS	PHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)
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EVENT STEWARD (SCA NAME)	EVENT STEWARD (LEGAL NAME)
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ADDRESS OF EVENT STEWARD	ZIP CODE / POSTAL CODE
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EMAIL ADDRESS	PHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)
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### SUMMARY OF INCOME & EXPENSE PROJECTIONS (ATTACH FULL BREAKDOWN - SEE EVENT BUDGET PAGE 3)

ESTIMATED INCOME FROM GATE FEES	\$
OTHER ESTIMATED INCOME (MERCHANTS, FEASTS, ETC.)	\$
TOTAL ESTIMATED INCOME	\$
TOTAL EXPENSES (SITE COST + ESTIMATED OTHER EXPENSES)	\$ ( )
ESTIMATED NET PROFIT	\$

### BID NOTES (ATTACH SEPARATE PAGE OR EMAIL NOTE IF SPACE IS INSUFFICIENT)

**SITE INFORMATION**

TOTAL NUMBER OF PERSONS SITE WILL HOLD (APPROX.)	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? <input type="checkbox"/> YES <input type="checkbox"/> NO	SOURCE OF WATER <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> WELL, UNTREATED <input type="checkbox"/> WELL, TREATED		IF NO DRINKABLE WATER, HOW WILL WATER BE PROVIDED?		
PERMANENT TOILET FACILITIES? IF YES, LIST HOW MANY <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	
FIRE PITS / BARDIC CIRCLES? IF YES, HOW MANY? <input type="checkbox"/> YES <input type="checkbox"/> NO		FIRE EXTINGUISHERS OR FIRE HOSES ON SITE? IF YES, HOW MANY? <input type="checkbox"/> YES <input type="checkbox"/> NO		LIST ANY FIRE RESTRICTIONS OTHER THAN THE SEASONAL CURRENT CONDITIONS	
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	
CELL SERVICE ON SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LANDLINE PHONES ON SITE? IF NO, WHERE IS THE NEAREST ONE? HOW LONG DOES IT TAKE TO GET TO THE PHONE? <input type="checkbox"/> YES <input type="checkbox"/> NO			RADIOS ON SITE? HOW MANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
APPROXIMATELY HOW LONG DOES IT TAKE FOR LOCAL EMERGENCY SERVICES (POLICE / AMBULANCE / FIRE) TO ARRIVE ON SITE? ARE THERE ANY CHALLENGES WITH OBTAINING EMERGENCY SERVICES?					
NAME OF NEAREST HOSPITAL / CLINIC AND APPROXIMATELY DISTANCE FROM SITE					
IS ALCOHOL ALLOWED? IF YES: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WET <input type="checkbox"/> DISCREET <input type="checkbox"/> OTHER:			SMOKING <input type="checkbox"/> DESIGNATED AREA(S) <input type="checkbox"/> PERSONAL CAMP AREA <input type="checkbox"/> NOT ALLOWED ON THIS SITE		
SITE USE AND ACCESS IF SHARED, WITH WHO AND AT WHAT TIMES? <input type="checkbox"/> SHARED <input type="checkbox"/> EXCLUSIVE					
ARE THERE HAZARDS ON OR ADJACENT TO THE SITE? IF YES, WHAT ARE THEY? (RUNNING WATER, LAKE, RAILROAD TRACKS, RIFLE RANGE, ETC.) <input type="checkbox"/> YES <input type="checkbox"/> NO					
ARE THERE NEIGHBORS WHICH MIGHT DETRACT FROM THE AMBIANCE OF THE EVENT? (GO-CART RACE TRACKS, AIRPORT, DIRT BIKE TRAILS OR HILL CLIMB AREAS, RESORTS WITH LOUD P/A, ETC.) <input type="checkbox"/> YES <input type="checkbox"/> NO					
IS THERE LIKLIHOOD OF TRESPASS, VANDALISM, THEFT, OR OTHER SECURITY PROBLEMS DUE TO LOCATION, SITE LAYOUT, OR SITE ACCESS BY LOCALS?					

**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
<b>IF YES, THESE MUST BE FILLED IN PRIOR TO THE EVENT.</b>		

**REQUIREMENTS AND SIGNATURES**

**Required Attachments:**

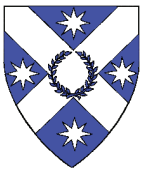
- Event Budget

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 Prince and Princess, The Heirs (if applicable), Exchequer, Seneschal, and Events Deputy. (see the Tir Righ website for current email 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.

SPONSORING SENESCHAL	CO-HOSTING/INCIPIENT SENESCHAL	EVENT STEWARD
SIGNATURE	SIGNATURE	SIGNATURE
<b>OR, IF SUBMITTING THIS FORM AS A SAVED PDF ATTACHMENT, CHECK THE APPROPRIATE BOX BELOW</b>		
<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.
DATE SIGNED / BOX CHECKED MM DD YYYY	DATE SIGNED / BOX CHECKED MM DD YYYY	DATE SIGNED / BOX CHECKED MM DD YYYY



**MINIMUM SITE FEES AND AGE BREAKDOWN**

More can be charged if the event costs require it.  
Feast prices, if applicable, have no set minimum or maximum.

CATEGORY	AGE		SITE FEE
	BC	WA	
Adult	19+	18+	\$20.00
Youth	13 – 18	13 – 17	\$10.00
Child	12 and under		no charge

**A \$5.00 Non-Member Surcharge applies to adult fees only.**

For further information, please refer to the Tir Righ Financial Policy, Section VIII, Coronet and Principality Events.

If you need to charge for children 12 and under, or charge more than half the adult price for youths, please explain why in the comment section on page 1 or attach a separate note/email.

BRANCH	EVENT	DATE (MM / DD / YYYY)		
		MM	DD	YYYY

**INCOME - DO NOT INCLUDE THE NMS WHEN LISTING FEES**

FEE TYPE	(A) FEE CHARGED	(B) ESTIMATED ATTENDEES	ESTIMATED INCOME (A x B)
SITE FEE (ADULT: IN BC AGE 19+, IN WA AGE 18+)	\$		\$
SITE FEE (YOUTH: IN BC AGE 13 - 18, IN WA AGE 13-17)	\$		\$
SITE FEE (CHILD, AGE 12 AND UNDER)	\$		\$
MERCHANT FEE	\$		\$
OTHER:	\$		\$
OTHER:	\$		\$
OTHER:	\$		\$
OTHER:	\$		\$
<b>TOTAL ESTIMATED INCOME</b>			\$

**EXPENSES**

OCCUPANCY & SITE CHARGES (SITE COST)	\$
EQUIPMENT RENTAL & MAINTENANCE (I.E. PORTABLE TOILETS)	\$
GENERAL SUPPLIES	\$
PRINTING & PUBLICATIONS	\$
OTHER EXPENSES, SPECIFY:	\$
OTHER EXPENSES, SPECIFY:	\$
OTHER EXPENSES, SPECIFY:	\$
OTHER EXPENSES, SPECIFY:	\$
OTHER EXPENSES, SPECIFY:	\$
OTHER EXPENSES, SPECIFY:	\$
<b>TOTAL ESTIMATED EXPENSES</b>	\$
<b>ESTIMATED PROFIT (TOTAL ESTIMATED INCOME – ADJUSTED EXPENSES)</b>	\$

**APPROVAL SIGNATURES**

BRANCH SENESCHAL OR EVENT STEWARD SIGNATURE	<b>OR</b>	<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)
			MM   DD   YYYY
BRANCH EXCHEQUER SIGNATURE	<b>OR</b>	<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)
			MM   DD   YYYY