

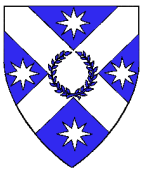
Principality of Tir Righ

PRINCIPALITY 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			
DATE OF EVENT		EVENT	
<div>MM DD — MM DD YYYY</div>		<div><input type="radio"/> FEBRUARY INVESTITURE <input type="radio"/> JUNE CORONET <input type="radio"/> OFFICER TRAINING <input type="radio"/> OTHER (SPECIFY): <input type="radio"/> AUGUST INVESTITURE <input type="radio"/> NOVEMBER CORONET <input type="radio"/> A&S AND BARDIC <input type="radio"/> HERALDIC & SCRIBAL SYMPOSIUM</div>	
NAME OF SPONSORING BRANCH			
SENESCHAL (SCA NAME)		SENESCHAL (LEGAL NAME)	
ADDRESS OF SENESCHAL		ZIP CODE / POSTAL CODE	
EMAIL ADDRESS		PHONE NUMBER (INCLUDE AREA CODE)	
		FAX NUMBER IF APPLICABLE (INCLUDE AREA CODE)	
NAME OF HOSTING GROUP (CO-HOSTING GROUP OR INCIPIENT BRANCH) IF APPLICABLE			
SENESCHAL (SCA NAME)		SENESCHAL (LEGAL NAME)	
		EMAIL ADDRESS	
ADDRESS OF SENESCHAL		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 IF APPLICABLE (INCLUDE AREA CODE)	
EVENT STEWARD (SCA NAME)		EVENT STEWARD (LEGAL NAME)	
ADDRESS OF EVENT STEWARD		ZIP CODE / POSTAL CODE	
EMAIL ADDRESS		PHONE NUMBER (INCLUDE AREA CODE)	
		FAX NUMBER IF APPLICABLE (INCLUDE AREA CODE)	
HEAD GATEKEEPER, IF KNOWN AT TIME OF BID (SCA NAME)		HEAD GATEKEEPER IF KNOWN AT TIME OF BID (LEGAL NAME)	
		SCA MEMBERSHIP NUMBER	
		EXPIRY DATE	
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="radio"/> YES <input type="radio"/> NO	
CAPACITY (# OF PERSONS)									
KITCHEN FACILITIES? IF YES, DESCRIBE <input type="radio"/> YES <input type="radio"/> NO									
DRINKABLE WATER? <input type="radio"/> YES <input type="radio"/> NO		SOURCE OF WATER <input type="radio"/> MUNICIPAL <input type="radio"/> WELL, UNTREATED <input type="radio"/> WELL, TREATED			IF NO DRINKABLE WATER, HOW WILL WATER BE PROVIDED?				
PERMANENT TOILET FACILITIES? IF YES, LIST HOW MANY <input type="radio"/> YES <input type="radio"/> NO				MALE		FEMALE		RENTED PORTABLE TOILETS? IF YES, LIST NUMBER <input type="radio"/> YES <input type="radio"/> NO	
								SHOWERS? IF YES, LIST NUMBER OF SHOWER HEADS <input type="radio"/> YES <input type="radio"/> NO	
								MALE	
								FEMALE	
** WHERE POSSIBLE, THERE SHOULD BE AT LEAST ONE HANDICAP PORTABLE TOILET IN EVERY BANK OF TOILETS									
FIRE PITS / BARDIC CIRCLES? IF YES, HOW MANY? <input type="radio"/> YES <input type="radio"/> NO		FIRE EXTINGUISHERS OR FIRE HOSES ON SITE? IF YES, HOW MANY? <input type="radio"/> YES <input type="radio"/> NO			LIST ANY FIRE RESTRICTIONS OTHER THAN THE SEASONAL CURRENT CONDITIONS				
PETS ALLOWED? <input type="radio"/> YES <input type="radio"/> NO									
HORSES ALLOWED? IF YES, WHAT FACILITIES OR SPECIAL ARRANGEMENTS ARE NEEDED?								EQUESTRIAN INSURANCE BINDER? <input type="radio"/> YES <input type="radio"/> NO	
CELL SERVICE ON SITE? <input type="radio"/> YES <input type="radio"/> NO		LANDLINE PHONES ON SITE? IF NO, WHERE IS THE NEAREST ONE? HOW LONG DOES IT TAKE TO GET TO THE PHONE?						RADIOS ON SITE? HOW MANY? <input type="radio"/> YES <input type="radio"/> 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? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> RESTRICTED - EXPLAIN:						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="radio"/> SHARED <input type="radio"/> 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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> NO									
TOURNAMENT EVENTS: HEAVY AND RAPIER									
NUMBER OF FIGHTING FIELDS		SIZE		ARRANGEMENT <input type="radio"/> BOX OF SQUARES <input type="radio"/> "L" <input type="radio"/> STRAIGHT LINE <input type="radio"/> SPLIT LOCATION <input type="radio"/> 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="radio"/> YES <input type="radio"/> NO				IF YES, THESE MUST BE FILLED IN PRIOR TO THE EVENT.	
TOURNAMENT EVENTS: OTHER									
CHECK WITH PRINCIPALITY MARSHAL FOR SPECIFIC REQUIREMENTS FOR ARCHERY AND THROWN WEAPONS, AND ADD ANY COMMENTS HERE (IF NEEDED)									
REQUIREMENTS AND SIGNATURES									
Required Attachment: 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 Principality 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: Required Event Language, May 2021 – must appear on all event notices, flyers, online announcements, and advertisements, as well as being posted in multiple locations at all SCA-sponsored functions: https://www.sca.org/wp-content/uploads/2021/05/052021EventSign.pdf Also required is posting of the Bullying and Harassment Policy at Gate. See #8 at this link: https://www.sca.org/wp-content/uploads/2021/09/Harassment-Policy.pdf									
SPONSORING SENESCHAL			CO-HOSTING/INCIPIENT SENESCHAL				EVENT STEWARD		
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 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		



Principality of Tir Righ

EVENT BUDGET

REQUIRED WITH PRINCIPALITY 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.

MINIMUM SITE FEES AND AGE BREAKDOWN

If the estimated event budget predicts either a loss or little or no profit, higher fees may be charged if approved by the Principality Financial Committee.
Feast prices, if applicable, have no set minimum or maximum.

CATEGORY	AGE		SITE FEE (Member)	SITE FEE (Non-Member)
	BC	WA*		
Adult	19+	18+	\$25.00	\$30.00
Youth	13 – 18	13 – 17	no charge	no charge
Child	12 and under	12 and under	no charge	no charge

* For Tir Righ events held in Washington state

DISCOUNTS

For Coronet and Principality events only, adults may ask for the Student Discount **OR** Senior Discount.

Note: The discount cannot be "stacked"; if a person is a senior *and* a student, they get **one** discount of \$5.

- Student \$5 Discount: requires presentation of a current student membership card from an accredited educational institution by the attendee.
- Senior \$5 Discount: for seniors aged 65 and older; requires proof of age by presentation of government-issued ID.

BRANCH		EVENT		DATE (MM / DD / YYYY)		
				MM DD YYYY		
INCOME - DO NOT INCLUDE THE NMR 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+)		\$		\$		
MERCHANT FEE		\$		\$		
OTHER:		\$		\$		
OTHER:		\$		\$		
OTHER:		\$		\$		
OTHER:		\$		\$		
OTHER:		\$		\$		
TOTAL ESTIMATED INCOME				\$		
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:				\$		
TOTAL ESTIMATED EXPENSES				\$		
ESTIMATED PROFIT (TOTAL ESTIMATED INCOME – ADJUSTED EXPENSES)				\$		
APPROVAL SIGNATURES						
BRANCH SENESCHAL OR EVENT STEWARD SIGNATURE		OR	<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		OR	<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	