



Principality of Avacal

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

EVENT <input type="checkbox"/> FEB INVESTITURE <input type="checkbox"/> JUNE CORONET <input type="checkbox"/> AUG INVESTITURE <input type="checkbox"/> NOVEMBER CORONET		
NAME OF SPONSORING BRANCH		
SENECHAL (SCA NAME)	SENECHAL (LEGAL NAME)	
ADDRESS OF SENECHAL	ZIP CODE / POSTAL CODE	
EMAIL ADDRESS	PHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)
NAME OF HOSTING GROUP (CO-HOSTING GROUP OR INCIPIENT BRANCH)		
SENECHAL (SCA NAME)	SENECHAL (LEGAL NAME)	
ADDRESS OF SENECHAL	ZIP CODE / POSTAL CODE	
EMAIL ADDRESS	PHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)
SITE CONTACT PERSON	TITLE	
EMAIL ADDRESS	PHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)
AUTOCRAT (SCA NAME)	AUTOCRAT (LEGAL NAME)	
ADDRESS OF AUTOCRAT	ZIP CODE / POSTAL CODE	
EMAIL ADDRESS	PHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)

FINANCIAL ARRANGEMENTS

WHO IS RESPONSIBLE FOR RECEIVING AND DISTRIBUTING FUNDS, E.G., RESERVATION INCOME, SITE AND FEAST EXPENSES, ETC.?	IS THERE AN AGREED-UPON DIVISION OF THE REMAINING PROFITS BETWEEN THE SPONSOR AND THE HOST?	IF YES, WHAT PERCENTAGE?
	<input type="checkbox"/> YES <input type="checkbox"/> NO	

SPECIAL FINANCIAL ARRANGEMENTS AND LOSSES

Kingom Law and Financial Policies regarding this subject apply in all cases, but this section pertains to the amounts that the sponsoring branch must cover when co-hosting or utilizing an incipient branch. In the event a loss is realized, who would bear the burden of the loss? Please outline these arrangements if applicable and attach. The required signature of each seneschal denotes their agreement to all the terms under the headings "Financial Arrangements" and "Special Financial Arrangements and Losses".

FEE SCHEDULE (IT IS NOT NECESSARY TO HAVE TWO DIFFERENT PRICES, BUT SOME GROUPS PREFER THIS METHOD)

1. \$	UNTIL	2. \$	UNTIL
IS A DOWN PAYMENT OR DEPOSIT ON THE SITE REQUIRED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, AMOUNT \$	IS THE BRANCH OR THE PRINCIPALITY REQUIRED TO PROVIDE THE SITE DEPOSIT?
			<input type="checkbox"/> BRANCH <input type="checkbox"/> PRINCIPALITY <input type="checkbox"/> PORTIONED
IF THE PRINCIPALITY IS REQUESTED TO PAY THE FULL / PORTION OF THE SITE DEPOSIT, HOW MUCH IS REQUESTED?	\$	IF SO, CONTACT THE EXCHEQUER IMMEDIATELY WITH DETAILS. OUTLINE OF ARRANGEMENTS WITH EXCHEQUER SHOULD BE IN WRITING AND A COPY ATTACHED TO THIS BID FORM.	

INCOME PROJECTION SUMMARY (ATTACH FULL BREAKDOWN)

NUMBER ANTICIPATED ATTENDANCE:	X SITE FEE \$	=	\$
OTHER INCOME, MERCHANTS, FEASTS, ETC.			\$
TOTAL PROJECTED (GROSS) INCOME			\$
TOTAL ANTICIPATED EXPENSES (ATTACH DETAILED ITEMIZATION)			\$ ()
ANTICIPATED NET PROFIT			\$

SITE INFORMATION

TOTAL NUMBER OF PERSONS	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? IF NO, HOW WILL WATER BE PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO			SOURCE OF WATER <input type="checkbox"/> WELL, UNTREATED <input type="checkbox"/> WELL, TREATED <input type="checkbox"/> MUNICIPAL		
PERMANENT TOILET FACILITIES? IF YES, LIST SIZE / CAPACITY <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 MALE FEMALE	
HOT WATER CAPACITY AND LOCATION / DISTANCE FROM MAIN CAMP					
FIRE PIT / BARDIC CIRCLE? IF YES, LIST NUMBER OF PITS AND LOCATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO					
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	

TOURNAMENT EVENTS

NUMBER OF FIGHTING FIELDS	SIZE	ARRANGEMENT <input type="checkbox"/> "L" <input type="checkbox"/> BOX OF SQUARES <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 IF YES, THESE MUST BE FILLED IN PRIOR TO THE EVENT.
MARSHALL-IN-CHARGE (SCA NAME)		MARSHALL-IN-CHARGE (LEGAL NAME)
ADDRESS OF MARSHALL-IN-CHARGE		ZIP / POSTAL CODE
EMAIL ADDRESS	PHONE NUMBER (INLCUDE AREA CODE)	NUMBER (INLCUDE AREA CODE)

REQUIREMENTS AND SIGNATURES

Required Attachments:

- Constabulary Plan (page 3), signed and dated by the Autocrat and the Constable in Charge (CIC).

Attach other documents, details, photographs, and related bit materials you would like to see considered. Send a copy of all bids (including attachments) to the to the Coronets, the Principality Seneschal and the Principality Calendar. (see *Avantgarde* for current address.)

SIGNATURE OF SPONSORING SENESCHAL	SIGNATURE OF CO-HOSTING / INCIPIENT SENESCHAL	SIGNATURE OF AUTOCRAT
DATE SIGNED	DATE SIGNED	DATE SIGNED

PRINCIPALITY CALENDAR COMPLETES (APPLICANT DO NOT WRITE BELOW THIS LINE) | Forward 2 copies to Principality Seneschal

DATE RECEIVED	DATE RECEIPT ACKNOWLEDGED	FINDING <input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> UNACCEPTABLE	DATE FWD TO PRINCIPALITY SENESCHAL	DATE RECEIPT ACKNOWLEDGED
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COMMENTS OF PRINCIPALITY CALENDAR (USE BACK OF FORM OR ATTACH SEPARATE SHEET IF NECESSARY)

PRINCIPALITY SENESCHAL'S OFFICE COMPLETES | Forward 1 copy to the Cornet upon completion

DATE RECEIVED	DATE RECEIPT ACKNOWLEDGED	FINDING <input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> UNACCEPTABLE	DATE FORWARDED TO CORONET
DATE SENESCHAL NOTIFIED OF CORONET'S DECISION	FINDING <input type="checkbox"/> AWARDED <input type="checkbox"/> NOT AWARDED	DATE SENESCHAL NOTIFIED AUTOCRAT	

COMMENTS OF PRINCIPALITY SENESCHAL (USE BACK OF FORM OR ATTACH SEPARATE SHEET IF NECESSARY)

FEAST PLAN

FEASTOCRAT

FEASTOCRAT (SCA NAME)		FEASTOCRAT (LEGAL NAME)	
ADDRESS OF FEASTOCRAT			ZIP CODE / POSTAL CODE
EMAIL ADDRESS		PHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)

FEAST INFORMATION

FEAST FEE PER PERSON	DAY AND TIME OF FEAST	LOCATION OF FEAST	
BRIEF DESCRIPTION OF MEAL PROVIDED FOR FEE			
FEAST GEAR <input type="checkbox"/> REQUIRED <input type="checkbox"/> PROVIDED		THEME OR SPECIFIC TIME PERIOD ASSOCIATED WITH THE FEAST	
TICKETS <input type="checkbox"/> PRE- REGISTRATION ONLY <input type="checkbox"/> AVAILABLE ON SITE <input type="checkbox"/> OTHER:			DATE TICKET SALES END (IF APPLICABLE)
NAME OF TICKET CONTACT PERSON		EMAIL ADDRESS	PHONE # (INCLUDE AREA CODE)

It is the responsibility of persons with food allergies to ascertain the content of what they eat. If there is someone other than the feastocrat that will be answering questions or concerns regarding ingredients, please include their contact information below.

NAME OF FEAST CONTACT PERSON	EMAIL ADDRESS	PHONE # (INCLUDE AREA CODE)
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TENTATIVE MENU (OPTIONAL)

PLANNED FEAST ENTERTAINMENT (OPTIONAL)

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