Bid Approved

Official Use Only

Starkhafn Event Bid Form (Printable)

Fill out Event Bid form and send it to the Seneschal. (3 pages)

PLEASE TYPE OR PRINT CLEARLY

Name of Event: _____ **Date of Event**: _____

Person(s) Placing Event Bid:

Event Steward (Autocrat) *Information for SCA Insurance purposes*

Legal Name: _____

SCA Name: _____

Membership # : _____ Expiration date: _____

Email address: _____ Phone number: _____

Mailing address: _____

Proposed Event Staff	SCA Name	Legal Name	Contact Info (phone & e-mail)

Event Description: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Site Information:

Site Name: _____

Address: _____

Site Contact Person: _____

Site Phone/E-mail: _____

____ Handicap Access ____ Ample Parking ____ On-Site Kitchen Access ____ Max Capacity

____ Royal Rooms ____ Area for Court ____ Additional Rooms ____ Bathroom facilities

____ Alcohol Permitted ____ Fire Permitted ____ Pets Permitted ____ RV Hook Ups

____ Outside Fighting ____ Indoor Fighting ____ Bardic Area / Dance Area ____ Equestrian Area

Site Description: _____

Proposed Budget:

Event budget items MUST be pre-approved by the Baronial Financial Committee.

Expenses:

Deposit for Site:	$_____	Is Deposit Refundable? Y / N
Site Cost (without the Deposit):	$_____	
Budget Estimate for food	$_____	
Budget Estimate for Site Tokens	$_____	
Budget Estimate for Decorations	$_____	
Budget Estimate for Printing	$_____	
Budget Estimate for Prizes	$_____	
Budget Estimate for _____	$_____	
Budget Estimate for _____	$_____	
Budget Estimate for _____	$_____	
Budget Estimate for _____	$_____	

Total Budget Estimate for event: $_____

Proposed Income Sources:

Fees:

Site Fee:

_____ members at $_____
_____ child members at $_____
_____ non-members at $_____
_____ child non-members at $_____

Estimated Attendance _____

Feast Fee:

_____ adults $_____
_____ youth $_____
_____ children $_____

Number Limit for feast _____
Number Limit for off board _____

Other Income:

_____ $_____
_____ $_____
_____ $_____

Total Estimate Income: $_____

Fund Raisers:

Who was in charge? _____

What form will it take? _____

For what is the money being raised? _____

_____ _____

Applicant Date Baronial Officer Date Received

Form Date A.S. LII (201710)