



# SUMMITS PRINCIPALITY CHAMPIONSHIP EVENT BID

Please type, or print legibly. If the space provided is not sufficient, use reverse side  
or attachments with the location clearly indicated in the space provided.

DATE OF EVENT						EVENT (PLEASE CHECK ONE)		
MM	DD	--	MM	DD	YYYY	OUTRIDER OF THE SUMMITS	SUMMIT'S BARD	CAPTAIN OF EAGLES
NAME OF SPONSORING BRANCH								
SENESCHAL SCA NAME					SENESCHAL LEGAL NAME			
ADDRESS OF SENESCHAL							ZIP CODE / POSTAL CODE	
EMAIL ADDRESS					PHONE NUMBER 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			
EVENT STEWARD SCA NAME					EVENT STEWARD LEGAL NAME			
EVENT STEWARD SCA MEMBERSHIP NUMBER					EVENT STEWARD SCA MEMBERSHIP EXPIRATION DATE			
ADDRESS OF EVENT STEWARD					ZIP CODE / POSTAL CODE			
EMAIL ADDRESS					PHONE NUMBER INCLUDE AREA CODE			
EVENT NARRATIVE (DESCRIBE YOUR EVENT AND ANY MITIGATION EFFORTS FOR ANTICIPATED PROBLEMS)								

TOTAL NUMBER OF PERSONS SITE ACCOMMODATES		NUMBER OF CAMPSITES	NUMBER OF CABINS	NUMBER OF BEDS	FEAST HALL OR LARGE BUILDING? CAPACITY
YES NO		YES NO		YES NO	
KITCHEN FACILITIES? IF YES, DESCRIBE					
YES NO					
DRINKABLE WATER?	SOURCE OF WATER		IF NO DRINKABLE WATER, HOW WILL WATER BE PROVIDED?		
YES NO	MUNICIPAL	WELL, UNTREATED	WELL, TREATED		
PERMANENT TOILET FACILITIES? IF YES, LIST HOW MANY		RENTED PORTABLE TOILETS? IF YES, LIST NUMBER		SHOWERS? IF YES, LIST NUMBER OF SHOWER HEADS	
YES NO	MALE FEMALE	YES NO		YES NO	MALE FEMALE
FIRE PITS / BARDIC CIRCLES? IF YES, HOW MANY?		FIRE EXTINGUISHERS OR FIRE HOSES ON SITE? IF YES, HOW MANY?		LIST ANY FIRE RESTRICTIONS OTHER THAN THE SEASONAL CURRENT CONDITIONS	
YES NO		YES NO			
PETS ALLOWED?	HORSES ALLOWED? IF YES, WHAT FACILITIES OR SPECIAL ARRANGEMENTS ARE NEEDED?				EQUESTRIAN INSURANCE BINDER?
YES NO	YES NO			YES NO	
CELL SERVICE ON SITE?	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?
YES NO	YES NO			YES 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 APPROXIMATE DISTANCE FROM SITE					
IS ALCOHOL ALLOWED? IF YES:				SMOKING	
YES NO	WET	DISCREET	OTHER:	DESIGNATED AREAS	PERSONAL CAMP AREA NOT ALLOWED ON THIS SITE
SITE USE AND ACCESS IF SHARED, WITH WHO AND AT WHAT TIMES?					
SHARED EXCLUSIVE					
ARE THERE HAZARDS ON OR ADJACENT TO THE SITE? IF YES, WHAT ARE THEY? RUNNING WATER, LAKE, RAILROAD TRACKS, RIFLE RANGE, ETC.					
YES NO					
ARE THERE NEIGHBORS WHO MIGHT DETRACT FROM THE AMBIANCE OF THE EVENT?					
YES NO					
IS THERE LIKLIHOOD OF TRESPASS, VANDALISM, THEFT, OR OTHER SECURITY PROBLEMS DUE TO LOCATION, SITE LAYOUT, OR SITE ACCESS BY LOCALS?					
NUMBER OF FIGHTING FIELDS	SIZE	ARRANGEMENT			
		BOX OF SQUARES	L		
		STRAIGHT LINE	SPLIT LOCATION	OTHER:	
GROUND TYPE					
PACKED DIRT		GRASSY	SANDY	ROCKY	
GRAVEL		LAWN	WILD GRASS I.E. (CLUMPS)	MIXED OR COMBINATION (DESCRIBE):	
FIELDS ARE			DO FIELDS CONTAIN GOPHER, CHUCK OR OTHER HOLES THAT MAY BE HAZARDOUS TO FIGHTERS OR PEDESTRIANS?		IF YES, THESE MUST BE FILLED IN PRIOR TO THE EVENT.
LEVEL	UNEVEN	ROUGH	SLOPING	OTHER	YES NO

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	DATE SIGNED / BOX CHECKED	DATE SIGNED / BOX CHECKED
MM DD YYYY	MM DD YYYY	MM DD YYYY



REQUIRED WITH PRINCIPALITY EVENT BID SUBMISSION

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**MINIMUM SITE FEES AND AGE BREAKDOWN**

CATEGORY	AGE	SITE FEE

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

BRANCH		EVENT		MM	DD	YYYY
FEE TYPE		FEE CHARGED	ESTIMATED ATTENDEES	ESTIMATED INCOME		
SITE FEE ADULT		\$		\$		
SITE FEE YOUTH		\$		\$		
SITE FEE CHILD		\$		\$		
MERCHANT FEE		\$		\$		
OTHER:		\$		\$		
OTHER:		\$		\$		
OTHER:		\$		\$		
OTHER:		\$		\$		
<b>TOTAL ESTIMATED INCOME</b>				\$		
OCCUPANCY & SITE CHARGES				\$		
EQUIPMENT RENTAL & MAINTENANCE				\$		
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</b>				\$		
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.	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.	MM