

EVENT PROPOSAL

1. GENERAL INFORMATION

NAME OF EVENT	NMS APPLIES <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE(S) (DD - DD/MM/YYYY)	TIME SITE OPENS	TIME SITE CLOSES
TYPE OF EVENT (CHECK ALL THAT APPLY) <input type="checkbox"/> WAR <input type="checkbox"/> TOURNAMENT <input type="checkbox"/> FEAST <input type="checkbox"/> ITHRA <input type="checkbox"/> REVEL <input type="checkbox"/> OTHER (SPECIFY) _____				
FEAST TYPE (IF APPLICABLE) <input type="checkbox"/> SERVED <input type="checkbox"/> BUFFET <input type="checkbox"/> POTLUCK BUFFET	DAY FOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO	BAR ON SITE? <input type="checkbox"/> YES, EVENT RUN <input type="checkbox"/> YES, PRIVATELY RUN <input type="checkbox"/> NO		
COMPETITIONS <input type="checkbox"/> HEAVY <input type="checkbox"/> RAPIER <input type="checkbox"/> ARCHERY <input type="checkbox"/> A&S <input type="checkbox"/> BARDIC <input type="checkbox"/> OTHER (SPECIFY) _____	OTHER ACTIVITIES (IF APPLICABLE) <input type="checkbox"/> CHILDREN <input type="checkbox"/> EQUESTRIAN			

2. AUTOCRAT INFORMATION

SCA NAME	MODERN NAME	SCA MEMBERSHIP #
EMAIL ADDRESS	HOME PHONE NUMBER	ALT. PHONE NUMBER (E.G. CELL OR WORK)

3. SITE LOCATION AND INFORMATION

NAME OF FACILITY	NAME OF FACILITY CONTACT	
FULL ADDRESS OF FACILITY (INCLUDE POSTAL CODE)	PHONE NUMBER	
INSURANCE <input type="checkbox"/> NO CERTIFICATE REQUIRED <input type="checkbox"/> COPY OF GENERAL CERTIFICATE <input type="checkbox"/> ALSO-NAMED CERTIFICATE	CONTRACT REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ALCOHOL DESIGNATION, IF APPLICABLE <input type="checkbox"/> DRY <input type="checkbox"/> DISCRETELY DAMP <input type="checkbox"/> WET
AMENITIES <input type="checkbox"/> ON BUS ROUTE <input type="checkbox"/> KITCHEN <input type="checkbox"/> FLUSH TOILETS <input type="checkbox"/> OUTHOUSES <input type="checkbox"/> SHOWERS <input type="checkbox"/> MEETING AREA(S)	BRAZIER FIRES ALLOWED? <input type="checkbox"/> YES, DEPENDING ON FIRE HAZARD <input type="checkbox"/> NO	DAY FOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER INFORMATION		

4. BUDGET INFORMATION

Suggested fee structure: Adults – full price, Youths aged 13-17 (18 in BC) – half price, and Children 12 and under – free. For events where NMS is required, the NMS does not apply to minors IF there is a reduced price for minors (NMS is charged to all non-members who qualify for the full event fee). If applying a Family Cap: a Family Cap should be 2 adults, 2 minors - all other minors of that family, free. Note: "Family" does **not** include SCA households or roommates – there must be a mundane relation. Commonlaw and same sex spouses are considered related. No more than two adults in a family group can qualify for the Family Cap price; all others of that family must be related minor-aged children. NMS is not included in the Family Cap price.

ADULTS, AGED 19+		YOUTHS, AGED:		CHILDREN, AGED:	
FULL/WKND FEE	ESTIM. ATTENDEES	FULL/WKND FEE	ESTIM. ATTENDEES	FULL/WKND FEE	ESTIM. ATTENDEES
\$ X	= \$	\$ X	= \$	\$ X	= \$
DAY FEE	ESTIM. ATTENDEES	DAY FEE	ESTIM. ATTENDEES	DAY FEE	ESTIM. ATTENDEES
\$ X	= \$	\$ X	= \$	\$ X	= \$
FEAST FEE	ESTIM. ATTENDEES	FEAST FEE	ESTIM. ATTENDEES	FEAST FEE	ESTIM. ATTENDEES
\$ X	= \$	\$ X	= \$	\$ X	= \$
ESTIMATED INCOME FROM ADULT FEES:	\$	ESTIMATED INCOME FROM YOUTH FEES:	\$	ESTIMATED INCOME FROM CHILDREN FEES:	\$

ESTIMATED EXPENSES		ESTIMATED INCOME	
SITE COST	\$	EVENT FEES (ALL)	\$
FEAST FOOD COST	\$	OTHER:	\$
COMPETITION PRIZES	\$	OTHER:	\$
OTHER:	\$	OTHER:	\$
OTHER:	\$	OTHER:	\$
OTHER:	\$	OTHER:	\$
OTHER:	\$	OTHER:	\$
OTHER:	\$	TOTAL ESTIMATED INCOME	\$
TOTAL ESTIMATED EXPENSES		→ TOTAL ESTIMATED EXPENSES	\$
		TOTAL ESTIMATED PROFIT	\$

ADVANCE REQUESTED: \$