



DATE OF REPORT
MM DD YYYY

1. EVENT SUMMARY

EVENT					
<input type="checkbox"/> TWELFTH NIGHT	<input type="checkbox"/> JULY CORONATION	<input type="checkbox"/> A&S CHAMPIONSHIP	<input type="checkbox"/> COLLEGIUM / FALL CROWN COUNCIL	<input type="checkbox"/> OTHER (SPECIFY):	
<input type="checkbox"/> MAY CROWN	<input type="checkbox"/> SEPTEMBER CROWN	<input type="checkbox"/> AN TIR / WEST WAR	<input type="checkbox"/> SPRING CROWN COUNCIL		
DATES OF EVENT		EVENT LOCATION (SCA BRANCH)		EVENT LOCATION (MODERN CITY OR AREA)	
MM DD — MM DD YYYY					
TOTAL NUMBER OF ATTENDEES		ADULTS		YOUTHS	
		BREAKDOWN:		CHILDREN	
TOTAL INCOME \$		TOTAL EXPENSES \$		TOTAL PROFIT / (LOSS) \$	

2. ACTIVITIES

TOURNAMENTS	NUMBER OF PARTICIPANTS	WAR	NUMBER OF PARTICIPANTS	OTHER	NUMBER OF PARTICIPANTS
<input type="checkbox"/> HEAVY	_____	<input type="checkbox"/> HEAVY	_____	<input type="checkbox"/> BARDIC	_____
<input type="checkbox"/> RAPIER	_____	<input type="checkbox"/> RAPIER	_____	<input type="checkbox"/> ARTS & SCIENCES	_____
<input type="checkbox"/> ARCHERY	_____	<input type="checkbox"/> ARCHERY	_____	<input type="checkbox"/> CLASSES	_____
				<input type="checkbox"/> OTHER	_____
				<input type="checkbox"/> OTHER	_____

SPECIFY OTHER: _____

FOR ANY ACTIVITY THAT WAS A COMPETITION (WAR, TOURNAMENT, BARDIC COMPETITION, ETC.) PLEASE LIST THE WINNER

ACTIVITY	WINNER	ACTIVITY	WINNER

3. EVENT STAFF INFORMATION

EVENT STEWARD (SCA NAME)	EVENT STEWARD (MODERN NAME)	PHONE NUMBER
CO-EVENT STEWARD (SCA NAME)	CO-EVENT STEWARD (MODERN NAME)	PHONE NUMBER
MARSHAL IN CHARGE (SCA NAME)	MARSHAL IN CHARGE (MODERN NAME)	PHONE NUMBER
MERCHANT COODINATOR (SCA NAME)	MERCHANT COODINATOR (MODERN NAME)	PHONE NUMBER
LIST PERSON (SCA NAME)	LIST PERSON (MODERN NAME)	PHONE NUMBER
HERALD (SCA NAME)	HERALD (MODERN NAME)	PHONE NUMBER
CHIEF COOK (SCA NAME)	CHIEF COOK (MODERN NAME)	PHONE NUMBER
OTHER (SCA NAME)	OTHER (MODERN NAME)	PHONE NUMBER
OTHER (SCA NAME)	OTHER (MODERN NAME)	PHONE NUMBER

REPORTS ATTACHED

MARSHAL LISTS HERALD
 MERCHANT CHIEF COOK OTHER(S) (SPECIFY)

4. GENERAL INFORMATION

SITE ADDRESS					
SITE CONTACT NAME			SITE CONTACT PHONE NUMBER		SITE CONTACT EMAIL
TIME SITE OPENED	TIME SITE CLOSED	TYPE OF EVENT <input type="checkbox"/> CAMPING <input type="checkbox"/> INDOOR		FEAST <input type="checkbox"/> YES <input type="checkbox"/> NO	DID YOU HAVE ENOUGH VOLUNTEERS? <input type="checkbox"/> YES <input type="checkbox"/> NO (EXPLAIN IN SECTION # OR ATTACH REPORT)
IF NO TO ANY OF THE FOLLOWING, REPORT IN SECTION 9 OR ATTACH A SEPARATE REPORT:			WAS THE SITE ADEQUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THERE ENOUGH PARKING? <input type="checkbox"/> YES <input type="checkbox"/> NO	WOULD YOU RECOMMEND THIS SITE FOR FUTURE USE? <input type="checkbox"/> YES <input type="checkbox"/> NO

5. GATE RECORDS

FUNDS LISTED ARE IN: <input type="checkbox"/> U.S. <input type="checkbox"/> CANADIAN						
		MEMBERS	NON-MEMBERS	NMR	GATE FEE	INCOME
ADULT FEE						
ADULT (COMPENSATED – NO FEE)						
YOUTH (NO FEE)	AGE RANGE FOR YOUTH:			N/A	N/A	N/A
CHILD (NO FEE)	AGE RANGE FOR CHILD:			N/A	N/A	N/A
TOTALS						

6. FULL INCOME

GATE INCOME (NOT INCLUDING NMR)		
FEAST INCOME (IF APPLICABLE)		
OTHER (SPECIFY):		
OTHER (SPECIFY):		
TOTAL INCOME		

7. EXPENSES

SITE RENTAL (INCLUDING DEPOSIT)		
INSURANCE CERTIFICATE (IF APPLICABLE)		
PORTABLE TOILETS (IF APPLICABLE)		
OTHER (SPECIFY):		
TOTAL EXPENSES		

8. TOTAL PROFIT / (LOSS)

TOTAL PROFIT / (LOSS)		
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9. NOTES (if space is insufficient, attach separate document)

WHAT CHALLENGES DID YOU FACE WITH THIS EVENTS?

HOW WOULD YOU AVOID THESE CHALLENGES?

WHAT WORKED WELL AT THIS EVENT?

WHAT WOULD YOU DO DIFFERENTLY?

NOTES ON THE SITE

SUGGESTIONS FOR NEXT TIME