



KINGDOM OF ANTIR

CROWN & KINGDOM 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			
DATE OF EVENT 05 16 — 05 18 2014		EVENT <input type="checkbox"/> TWELFTH NIGHT <input checked="" type="checkbox"/> MAY CROWN <input type="checkbox"/> A&S CHAMPIONSHIP <input type="checkbox"/> CROWN COUNCIL <input type="checkbox"/> JULY CORONATION <input type="checkbox"/> SEPTEMBER CROWN <input type="checkbox"/> ANTIR / WEST WAR	
NAME OF SPONSORING BRANCH Barony of Madrone			
SENECHAL (SCA NAME) Aleksandra Lavrovna		SENECHAL (LEGAL NAME) JoAnna Buxton	
ADDRESS OF SENECHAL 19314 7th Ave West, Lynnwood, WA		ZIP CODE / POSTAL CODE 98036	
EMAIL ADDRESS alavrovna@gmail.com		PHONE NUMBER (INCLUDE AREA CODE) (360) 808-3773	FAX NUMBER (INCLUDE AREA CODE) n/a
NAME OF HOSTING GROUP (CO-HOSTING GROUP OR INCIPIENT BRANCH) IF APPLICABLE Barony of Vulcanfeldt			
SENECHAL (SCA NAME) Ashley Longbow		SENECHAL (LEGAL NAME) Shirley Pechtel	
ADDRESS OF SENECHAL 224 N 31st Ave, Yakima, WA		EMAIL ADDRESS spechtel@msn.com	
ZIP CODE / POSTAL CODE 98902		PHONE NUMBER (INCLUDE AREA CODE) (509) 248-9504	
SITE NAME Toppenish Rodeo & Livestock Association		SITE LOCATION / ADDRESS 502 S. Division St., Toppenish, WA 98948	
SITE CONTACT PERSON Nancy Mortensen		TITLE Secretary	
EMAIL ADDRESS topprodeo@gmail.com		PHONE NUMBER (INCLUDE AREA CODE) (509) 969-6009	FAX NUMBER (INCLUDE AREA CODE) n/a
EVENT STEWARD (SCA NAME) Sarra the Brave / Rowena d'Ath-Fhirdia		EVENT STEWARD (LEGAL NAME) Sara McPhail / Allison Erickson	
ADDRESS OF EVENT STEWARD 3501 26th Pl W, #320, Seattle, WA / 220 SW Clark St, #B104, Issaquah, WA		ZIP CODE / POSTAL CODE 98199 / 98027	
EMAIL ADDRESS sarrathebrave@gmail.com / romak1610@hotmail.com		PHONE NUMBER (INCLUDE AREA CODE) (206)3938912/(630)6608903	FAX NUMBER (INCLUDE AREA CODE) n/a
FINANCIAL ARRANGEMENTS			
WHO IS RESPONSIBLE FOR RECEIVING AND DISTRIBUTING FUNDS, E.G., RESERVATION INCOME, SITE AND FEAST EXPENSES, ETC? Barony of Madrone		IS THERE AN AGREED-UPON DIVISION OF THE REMAINING PROFITS BETWEEN THE SPONSOR AND THE HOST? IF YES, WHAT PERCENTAGE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 25% Vulcanfeldt / 75% Madrone	
SPECIAL FINANCIAL ARRANGEMENTS AND LOSSES			
<p>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".</p> <p>NOTE: Site fees for Crown events are: \$20.00 USD or CAD (\$5 USD/CAD Non-Member Surcharge applies to all who are charged the "adult" rate) Suggested family cap: 2 adults, 2 youth.</p>			
IN WHAT FUNDS ARE THE DOLLAR AMOUNTS LISTED? <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> CANADIAN		FEE SCHEDULE (IT IS NOT NECESSARY TO HAVE TWO DIFFERENT PRICES, BUT SOME GROUPS PREFER THIS METHOD) 1. \$ n/a UNTIL n/a 2. \$ n/a UNTIL n/a	
IS A DOWN PAYMENT OR DEPOSIT ON THE SITE REQUIRED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, AMOUNT \$ 1000	
IF THE KINGDOM IS REQUESTED TO PAY THE FULL / PORTION OF THE SITE DEPOSIT, HOW MUCH IS REQUESTED? \$ n/a		IS THE BRANCH OR THE KINGDOM REQUIRED TO PROVIDE THE SITE DEPOSIT? <input checked="" type="checkbox"/> BRANCH <input type="checkbox"/> KINGDOM <input type="checkbox"/> PORTIONED	
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 & EXPENSE PROJECTION SUMMARY (ATTACH FULL BREAKDOWN - SEE EVENT BUDGET PAGE 4)			
ANTICIPATED INCOME FROM GATE FEES		\$ 13,500.00	
OTHER ANTICIPATED INCOME (MERCHANTS, FEASTS, ETC.)		\$ 350.00	
TOTAL PROJECTED INCOME		\$ 13,850.00	
TOTAL SITE COST + ANTICIPATED OTHER EXPENSES (ATTACH DETAILED ITEMIZATION)		\$ (6,138.00)	
ANTICIPATED NET PROFIT		\$ 7,712.00	

SITE INFORMATION					
TOTAL NUMBER OF PERSONS 1500	NUMBER OF CAMPSITES open camping	NUMBER OF CABINS 0	NUMBER OF BEDS 0	FEAST HALL OR LARGE BUILDING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CAPACITY (# OF PERSONS)
KITCHEN FACILITIES? IF YES, DESCRIBE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
DRINKABLE WATER? IF NO, HOW WILL WATER BE PROVIDED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			SOURCE OF WATER <input checked="" 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 checked="" type="checkbox"/> NO		RENTED PORTABLE TOILETS? LIST NUMBER (** SEE NOTE BELOW) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 30		SHOWERS? IF YES, LIST NUMBER OF SHOWER HEADS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO MALE FEMALE	
HOT WATER CAPACITY AND LOCATION / DISTANCE FROM MAIN CAMP none					
FIRE PIT / BARDIC CIRCLE? IF YES, LIST NUMBER OF PITS AND LOCATIONS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
PETS ALLOWED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		HORSES ALLOWED? IF YES, WHAT FACILITIES OR SPECIAL ARRANGEMENTS ARE NEEDED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EQUESTRIAN INSURANCE BINDER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
TOURNAMENT EVENTS					
NUMBER OF FIGHTING FIELDS 8	SIZE 30' x 30'	ARRANGEMENT <input checked="" type="checkbox"/> BOX OF SQUARES <input type="checkbox"/> "L" <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 checked="" type="checkbox"/> LAWN <input type="checkbox"/> WILD GRASS (I.E. CLUMPS) <input type="checkbox"/> MIXED OR COMBINATION (DESCRIBE):					
FIELDS ARE <input checked="" 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 checked="" type="checkbox"/> NO		
MARSHALL-IN-CHARGE (SCA NAME) Steven Desjardin			MARSHALL-IN-CHARGE (LEGAL NAME) Steven Cook		
ADDRESS OF MARSHALL-IN-CHARGE 22214 104th Pl SE, Kent, WA				ZIP / POSTAL CODE 98031	
EMAIL ADDRESS SJDesjardin@gmail.com		PHONE NUMBER (INCLUDE AREA CODE) (253) 236-4205		NUMBER (INCLUDE AREA CODE) n/a	
CHIRURGEON IN CHARGE					
CHIRURGEON IN CHARGE (SCA NAME) Tvorimir Danilov			CHIRURGEON IN CHARGE (LEGAL NAME) Mir Plemmons		
ADDRESS OF CHIRURGEON IN CHARGE 17716 196th Ave SE, Renton, WA				ZIP CODE / POSTAL CODE 98058	
EMAIL ADDRESS mir.plemmons@gmail.com		PHONE NUMBER (INCLUDE AREA CODE) (206) 383-3843		FAX NUMBER (INCLUDE AREA CODE) n/a	
COMMUNICATION AND EMERGENCY INFORMATION					
CELL SERVICE ON SITE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		LANDLINE PHONES ON SITE? IF NO, WHERE IS THE NEAREST ONE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
RADIOS ON SITE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY? 12	CHANNELS? tbd	WHO WILL CONTROL THEM? Event Stewards		WHO WILL HAVE THEM? Event Staff
WHO NEEDS TO BE INFORMED OF SERIOUS INCIDENTS? Event Stewards			WHO WILL INFORM THEM? Staff		
IF THERE IS AN EMERGENCY, WHO WILL DO WHAT? (ATTACH A SEPARATE SHEET IF NECESSARY) Stewards will contact modern authorities, as necessary.					
FIRE EXTINGUISHERS OR FIRE HOSES ON SITE? IF YES, HOW MANY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		LOCATIONS? Stwards will have small extinguishers at Gate & in Camp.			
NAME OF NEAREST POLICE STATION 1 West 1st Ave, Toppenish, WA (509) 865-4355			DISTANCE / RESPONSE TIME FROM SITE .26 MILES 5 MINUTES		
NAME OF NEAREST HOSPITAL / CLINIC Toppenish Community Hospital - 502 W 4th Ave (509) 865-3105			DISTANCE / RESPONSE TIME FROM SITE .33 MILES 5 MINUTES		
NAME OF NEAREST AMBULANCE SERVICE American Medical Response			DISTANCE / RESPONSE TIME FROM SITE 2 blocks MILES 5 MINUTES		
IN A CRITICAL EMERGENCY, IS A MEDIVAC HELICOPTER AVAILABLE IN THE AREA? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		RESPONSE TIME TO ARRIVE ON SITE 5 MINUTES			
Note: Touch-down area must be a firm, level surface about 75 - 125 feet in diameter. The approach path can have no obstructions over 60 feet high within 100 yards of touch-down and over 180 feet high within 300 yards. These are the minimum needed for night landing.					

**** Note: If possible, the recommendation for portable toilets is that every group of portables include at least one handicap toilet.**

SITE AND OTHER INFORMATION

SITE ACCESS? IF SHARED, WITH WHO AND AT WHAT TIMES?	
<input checked="" type="checkbox"/> SHARED <input type="checkbox"/> EXCLUSIVE	On-site caretaker will share site & entrance
IS ALCOHOL ALLOWED? IF YES:	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> WET <input type="checkbox"/> DISCREET <input type="checkbox"/> OTHER:	IS SMOKING ALLOWED? <input checked="" type="checkbox"/> PERSONAL CAMP AREA (WITH ASHTRAYS) <input type="checkbox"/> DESIGNATED AREA(S)
FIRE RESTRICTIONS? IF YES, PLEASE LIST RESTRICTIONS	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12" off ground; if burn ban in effect it will be enforced
ARE THERE HAZARDS ON OR ADJACENT TO THE SITE? IF YES, WHAT ARE THEY? (RUNNING WATER, LAKE, RAILROAD TRACKS, RIFLE RANGE, ETC.)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
ARE THERE NEIGHBORS WHICH MIGHT DETRACT FROM THE AMBIANCE OF THE EVENT? (GO-CART RACE TRACKS, DIRT BIKE TRAILS OR HILL CLIMB AREAS, RESORTS WITH LOUD P/A, ETC.)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Site is with-in city limits. Site care equipment is on site
IS THERE LIKLIHOOD OF TRESPASS, VANDALISM, THEFT, OR OTHER SECURITY PROBLEMS DUE TO LOCATION, SITE LAYOUT, OR SITE ACCESS BY LOCALS?	
Unlikely. Site is fenced.	

REQUIREMENTS AND SIGNATURES

Required Attachments:

- Feast Plan (page 5), if applicable.

Attach other documents, details, photographs, and related bit materials you would like to see considered. **Send 1 copy of the bid and accompanying material to EACH of the following:** The Crown, The Heirs (if applicable), Exchequer, Seneschal, and Events Deputy. (see *The Crier* for current addresses.) **NOTE: Please attach a google (or similar) map that has a long enough view to show the site in relation to the nearest large city.**

The following is to be included on site handout materials:

BEWARE when drinking from someone else's cup. Make sure you know the person and are **very sure** of what is in the cup **before** taking a drink. Occasionally, we will be hiring mundane law enforcement officers to patrol in garb with our constables at kingdom events. Be sure to strictly observe all mundane laws.

SPONSORING SENESCHAL	CO-HOSTING/INCIPIENT SENESCHAL	EVENT STEWARD
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 checked="" 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 11 / 9 / 13	DATE SIGNED / BOX CHECKED 11 / 06 / 2013	DATE SIGNED / BOX CHECKED 11 / 08 / 2013

KINGDOM EXCHEQUER'S OFFICE COMPLETES (APPLICANT DO NOT WRITE BELOW THIS LINE) Forward 2 copies to Kingdom Seneschal

DATE RECEIVED	DATE RECEIPT ACKNOWLEDGED	FINDING <input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> UNACCEPTABLE	DATE FWD TO KINGDOM SENESCHAL	DATE RECEIPT ACKNOWLEDGED
11 / 10 / 13	11 / 10 / 13		11 / 10 / 13	11 / 10 / 13
COMMENTS OF KINGDOM EXCHEQUER (USE BACK OF FORM OR ATTACH SEPARATE SHEET IF NECESSARY)				

KINGDOM SENESCHAL'S OFFICE COMPLETES Forward 1 copy to the Crown upon completion

DATE RECEIVED	DATE RECEIPT ACKNOWLEDGED	FINDING <input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> UNACCEPTABLE	DATE FORWARDED TO CROWN
11 / 10 / 13	11 / 10 / 13		11 / 10 / 13
DATE SENESCHAL NOTIFIED OF CROWN'S DECISION	FINDING <input type="checkbox"/> AWARDED <input type="checkbox"/> NOT AWARDED	DATE SENESCHAL NOTIFIED AUTOCRAT	
11 / 10 / 13		11 / 10 / 13	
COMMENTS OF KINGDOM SENESCHAL (USE BACK OF FORM OR ATTACH SEPARATE SHEET IF NECESSARY)			



KINGDOM OF ANTIR

EVENT BUDGET

REQUIRED WITH KINGDOM EVENT BID SUBMISSION

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

BRANCH Barony of Madrone		EVENT May Crown 2014		DATE (MM / DD / YYYY) 05 16-18 2014		
INCOME - DO NOT INCLUDE THE NMS WHEN LISTING FEES						
FEE TYPE	AGE RANGE	(A) EST. ADVANCE REGISTRATIONS	(B) EST. AT-THE-DOOR ATTENDEES	(C) ADVANCE FEES	(D) AT-THE-DOOR FEES	ESTIMATED INCOME (A x C) + (B x D)
SITE FEE (ADULT)	18+		650	\$	\$ 20.00	\$ 13,000.00
SITE FEE (YOUTH)	10-17		50	\$	\$ 10.00	\$ 500.00
SITE FEE (CHILD)	0-9		n/a	\$	\$ 0.00	\$ 0.00
FEAST FEE (ADULT)				\$	\$	\$
FEAST FEE (YOUTH)				\$	\$	\$
FEAST FEE (CHILD)				\$	\$	\$
CLASS FEE				\$	\$	\$
CHILD CARE				\$	\$	\$
OTHER: Merchants				\$ 350.00	\$	\$ 350.00
OTHER:				\$	\$	\$
TOTAL ESTIMATED INCOME						\$ 13,850.00
EXPENSES						
ADVERTISING						\$
EQUIPMENT RENTAL & MAINTENANCE						\$ 150.00
FEES & HONORARIA, SPECIFY:						\$
FOOD (waterbearing)						\$ 200.00
GENERAL SUPPLIES (pewter site tokens)						\$ 175.00
INSURANCE (NON-SCA)						\$
OCCUPANCY & SITE CHARGES						\$ 1,500.00
POSTAGE & SHIPPING, PO BOX RENTAL						\$
PRINTING & PUBLICATIONS (site copy & posters)						\$ 220.00
TELEPHONE						\$
TRAVEL (GAS, TAXI, AIRFARE)						\$ 250.00
OTHER EXPENSES, SPECIFY: Biffies (26 regular, 4 handicap)						\$ 2,700.00
OTHER EXPENSES, SPECIFY: Survey Tape						\$ 140.00
OTHER EXPENSES, SPECIFY: Toilet Paper						\$ 20.00
OTHER EXPENSES, SPECIFY: Glow Sticks						\$ 85.00
OTHER EXPENSES, SPECIFY: Flags						\$ 40.00
SUBTOTAL						\$ 5,480.00
DONATIONS TO OTHER 501(3)(c) [NONPROFIT] ORGANIZATIONS						\$
MOVED TO ANOTHER SCA ACCOUNT WITHIN KINGDOM (itemize on back) (Named Insurance/Equestrian Rider)						\$ 50.00
MOVED TO ANOTHER SCA ACCOUNT OUTSIDE KINGDOM (itemize on back) (Named Insurance/Equestrian Rider)						\$ 50.00
TOTAL ESTIMATED EXPENSES						\$ 5,580.00
ADJUSTED EXPENSES (TOTAL ESTIMATED EXPENSES x 1.1)						\$ 6,138.00
ESTIMATED PROFIT (TOTAL ESTIMATED INCOME - ADJUSTED EXPENSES)						\$ 7,712.00
APPROVAL SIGNATURES						
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.		DATE (MM / DD / YYYY) 11 7 13	
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.		DATE (MM / DD / YYYY) 11 7 13	

FEAST PLAN

FEAST STEWARD

FEAST STEWARD (SCA NAME)		FEAST STEWARD (LEGAL NAME)	
ADDRESS OF FEAST STEWARD			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 feast steward 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)

TENTATIVE MENU (OPTIONAL)

PLANNED FEAST ENTERTAINMENT (OPTIONAL)

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