



Barony of An Crosaire Event Information

Complete this form and submit it to the seneschal prior to the Barony meeting at which the event bid is to be discussed.

Be prepared to answer questions about all items listed.

Event Name: _____

Proposed Date(s) _____ Is the date on the Kingdom calendar? Y / N

Event Steward – Have you read the entire Trimaris Kingdom Event Handbook? Y / N

SCA Name: _____

Modern Name: _____

Member # & Expiration Date: _____

Mailing Address: _____

Phone: _____ Email: _____

How many events have you filled this position? Primary? _____ Shadowed? _____

If you have not been the Event Steward 2 or more times, List your mentor: _____

Mentor's phone number or email address _____

Have you talked to your staff about the role and responsibilities they would hold as detailed by the Trimarian Event Handbook as well as our Baronial guidelines? YES / NO

Co-Event Steward or Shadow (if any) – Have you read the entire Trimaris Kingdom Event Handbook? Y / N

SCA Name: _____

Modern Name: _____

Member # & Expiration Date: _____

Mailing Address: _____

Phone: _____ Email: _____

Site Name: _____

Address: _____

Contact Name: _____ Phone Number: _____

Site opens: _____ Site Closes: _____

FOR BARONIAL USE ONLY

SITE AND FEAST FEES WILL BE ESTABLISHED BY THE SENESCHAL AND THE EXCHECQUER

Daytrip \$ _____ One night \$ _____ Weekend \$ _____ Member Discount: \$ _____

Is there an extra cost for cabins vs. tenting? Yes / No Additional cost: Tent \$ _____ Cabin \$ _____

Head of Reservations

SCA Name: _____

Modern Name: _____

Member # & Expiration Date: _____

Phone: _____ Email: _____

Experience/shadowing? _____ Are they training others? Who? _____

Do you intend to have EPay available for this event? Yes / No Has this person received EPay training? Yes / No

Feast Steward(s) At how many events have you been the Feast Steward ? Primary? _____ Shadowed? _____

SCA Name: _____

Modern Name: _____

Phone: _____ Email: _____

Friday Evening Travelers Fare? Yes / No Number: _____

If any of the meals will be provided by someone other than the Feast Crat, provide names and which meal(s):

Saturday Feast will include (Number): Breakfast _____ Lunch _____ Dinner _____

- *Theme?* _____
- *Head Server (Feast):* _____
- *Hall Steward (Feast):* _____
- *Kitchen Clean-up Crew:* _____

Gate Coordinator

SCA Name: _____

Modern Name: _____

Phone: _____ Email: _____

Site Herald

SCA Name: _____

Modern Name: _____

Phone: _____ Email: _____

Marshal in Charge

SCA Name: _____

Modern Name: _____

Phone: _____ Email: _____

Class Coordinator

SCA Name: _____ Modern Name: _____

Phone: _____ Email: _____

Sanitation Coordinator

SCA Name: _____ Modern Name: _____

Phone: _____ Email: _____

Other Personnel Not Listed Above:

Event Description/Theme

Planned Activities

"Every great man (person) is always being helped by everybody; for his gift is to get good out of all things and all persons." –John Ruskin (1819-1900)

I certify that this application is complete and correct to the best of my knowledge:

<hr/> Event Steward's Legal Signature	<hr/> Date	<hr/> SCA Name
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<hr/> Exchequer's Legal Signature	<hr/> Date	<hr/> SCA Name
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<hr/> Seneschal's Legal Signature	<hr/> Date	<hr/> SCA Name
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<hr/> Baronial Legal Signature	<hr/> Date	<hr/> SCA Name
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(or 2nd Great Officer where applicable)