

Ansteorra Kingdom Event Bid Form

Event: _____
Name of Group _____

Date of Submission: _____

Requesting Seneschal

(Event steward is a deputy of the seneschal)

| | |
|-----------------------------------|-----------------------------------|
| SCA Name _____ | Co-Steward SCA Name _____ |
| Modern Name _____ | Modern Name _____ |
| Address _____ | Address _____ |
| City, State, Zip _____ | City, State, Zip _____ |
| Phone _____ | Phone _____ |
| Email _____ | Email _____ |
| Membership # _____ Exp Date _____ | Membership # _____ Exp Date _____ |

The designated Steward is a deputy Seneschal and must be a member in good standing of the SCA.

This section MUST be complete. If a steward has not been chosen, list the Seneschal and submit an update when one is selected.

This warrant is effective from the date of signing though four weeks after the event has completed.

Site Information

Site Address _____ Name of Site _____

Description of site:

Signatures *(Faxed, scanned or electronic signatures are accepted.)*

I certify that I have verified the membership of the above named individual and I do hereby warrant them as a deputy Seneschal.

| | |
|--|--|
| Seneschal _____ | Date _____ |
| Baron/Baroness _____ <i>required for Baronies</i> | Date _____ <i>required for Baronies</i> |

Send completed form along with a budget worksheet to Calendar Deputy, Kingdom Seneschal, Kingdom Exchequer, Crown and any relevant Kingdom Officer.

