



DATE OF REPORT
MM | DD | YYYY

1. EVENT SUMMARY

EVENT TWELFTH NIGHT JULY CORONATION A&S CHAMPIONSHIP CROWN COUNCIL
 MAY CROWN SEPTEMBER CROWN AN TIR / WEST WAR OTHER (SPECIFY):

DATES OF EVENT: MM | DD | - | MM | DD | YYYY EVENT LOCATION (SCA BRANCH): _____ EVENT LOCATION (MODERN CITY OR AREA): _____

TOTAL NUMBER OF ATTENDEES: _____ **BREAKDOWN:** ADULTS: _____ YOUTHS: _____ 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. STAFF INFORMATION

AUTOCRAT (SCA NAME)	AUTOCRAT (MODERN NAME)	PHONE NUMBER
CO-AUTOCRAT (SCA NAME)	CO-AUTOCRAT (MODERN NAME)	PHONE NUMBER
MARSHAL IN CHARGE (SCA NAME)	MARSHAL IN CHARGE (MODERN NAME)	PHONE NUMBER
CHIRURGEON IN CHARGE (SCA NAME)	CHIRURGEON 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

REPORTS ATTACHED MARSHAL LISTS HERALD OTHER (SPECIFY) _____
 CHIRURGEON MERCHANT CHIEF COOK

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: U.S. CANADIAN

	MEMBERS	NON-MEMBERS	NMS	GATE FEE	INCOME
ADULT (FULL FEE) AGE FOR FULL FEE:					
ADULT (COMPENSATED – NO FEE)					
YOUTH (DISCOUNTED FEE) AGE RANGE FOR YOUTH FEE:					
YOUTH (COMPENSATED – NO FEE)					
CHILD (DISCOUNTED FEE) AGE RANGE FOR CHILD FEE:					
CHILD (NO FEE) AGE RANGE FOR CHILD NO FEE:					
CHILD (COMPENSATED – NO FEE)					
FAMILY CAP					
TOTALS					

6. FULL INCOME

GATE INCOME (NOT INCLUDING NMS)	
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):	
OTHER (SPECIFY):	
OTHER (SPECIFY):	
OTHER (SPECIFY):	
OTHER (SPECIFY):	
OTHER (SPECIFY):	
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