



Principality of the Summits

DATE RESERVATION/ EVENT INFORMATION

Please type, or print *legibly* and *fill out completely*
Send completed forms to the current Summits Calendar Deputy
(consult you current Echoes, Crier or <http://summits.antir.sca.org/officers/php>)
Do NOT send this form to the Crier, Echoes or Kingdom

DATE RESERVATION FORM (DRF): FILL OUT SECTION A ONLY

To reserve a date before all event information is known (i.e., autocrat, site information). Must be signed or box checked by the **warranted** Seneschal of the sponsoring branch.

EVENT INFORMATION FORM (EIF): FILL OUT SECTIONS A AND B

This is the official registration of your event. Crier event copy (if applicable for this event) **cannot** be submitted to the Crier without this complete form. Section A must be signed or box checked by the **warranted** Seneschal of the sponsoring branch; section B must be signed or box checked by the Autocrat, Ithra Chancellor or Guild Director (who must be an SCA member). Forms can be sent by regular mail, fax, scan to pdf and emailed as attachment, or **(NEW!) as a filled and saved pdf attachment.**

Event Information Forms (EIFs - sections A **and** B), **barring unforeseen and unusual circumstances**, should be in the hands of the Kingdom (or Principality) Calendar **no less that three (3) months before an event is to take place.**

A	NAME OF EVENT		DATE FROM (MM / DD / YYYY)		DATE TO (MM / DD / YYYY)	
	BRANCH RESPONSIBLE		INCIPIENT BRANCH OR WHERE EVENT WILL BE HELD (IF NOT BRANCH RESPONSIBLE)			
	EVENT LEVEL		IF LEVEL 1, DO YOU WAIVE THE CONFLICT ZONE FOR THIS EVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> LEVEL 1 - LIMITED (FORMERLY KNOWN AS TIER 1) <ul style="list-style-type: none"> • CROWN EVENTS (Crown Tournaments and Coronations) • CORONET EVENTS (Principality Coronet Tournaments and Investitures) • KINGDOM EVENTS (Kingdom A&S and Bardic events, An Tir/West War, Crown Council) • PRINCIPALITY LEVEL EVENTS (Quad War, Avacal/Tir Righ War) • OTHER EVENTS (branch primary events of regional or Kingdom interest) 		LIST BRANCHES YOU WOULD ALLOW TO CONFLICT WITH YOUR LEVEL 1 EVENT			
	<input type="checkbox"/> LEVEL 2 - OPEN (FORMERLY KNOWN AS TIER 2) <ul style="list-style-type: none"> • BRANCH EVENTS (no Kingdom or Principality business is expected to be conducted) 		MORE INFO: http://www.antir.sca.org/Offices/Senescholate/CalendarPolicyJan2010.pdf and http://www.antir.sca.org/Offices/Senescholate/CalendarProcedures2010.pdf			
	WARRANTED SENESCHAL OF BRANCH RESPONSIBLE (SCA NAME)		WARRANTED SENESCHAL OF BRANCH RESPONSIBLE (LEGAL NAME)			
	ADDRESS OF SENESCHAL		CITY	PROV/STATE	POSTAL/ZIP CODE	
	EMAIL ADDRESS		CONTACT NUMBER(S) (INCLUDE AREA CODE)			
	MODERN SIGNATURE OF WARRANTED SENESCHAL OF SPONSORING BRANCH		FOR USE WITH ATTACHMENT TO EMAIL SUBMISSION ONLY			
	OR <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 EVENT IN THE SAME MANNER AS IF YOU HAD SIGNED THIS FORM.			

B	SITE NAME		TIME EVENT STARTS		TIME EVENT ENDS	
	COMPLETE SITE ADDRESS (ENTER "NSA" IF THERE IS NO STREET ADDRESS FOR THIS SITE)		CITY	PROV/STATE	POSTAL/ZIP CODE	
	AUTOCRAT, ITHRA CHANCELLOR, OR GUILD DIRECTOR (SCA NAME)		AUTOCRAT, ITHRA CHANCELLOR, OR GUILD DIRECTOR (LEGAL NAME)			
	ADDRESS OF AUTOCRAT		CITY	PROV/STATE	POSTAL/ZIP CODE	
	DO YOU GIVE PERMISSION TO PLACE YOUR NAME, ADDRESS, PHONE NUMBER, AND EMAIL ON A WEB PAGE (KINGDOM, PRINCIPALITY OR OTHER BRANCHES)? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, CAN YOUR SCA NAME AND EMAIL ONLY BE PUBLISHED ON ONE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	AUTOCRAT CONTACT NUMBER(S) (INCLUDE AREA CODE)		EMAIL ADDRESS			
	<input type="checkbox"/> PUBLISH <input type="checkbox"/> CALENDAR CONTACT ONLY <input type="checkbox"/> PUBLISH <input type="checkbox"/> CALENDAR CONTACT ONLY		SCA MEMBERSHIP NUMBER		SCA MEMBERSHIP EXPIRES (DATE)	
	EVENT WEBSITE ADDRESS (IF APPLICABLE)					
	MODERN SIGNATURE OF AUTOCRAT, ITHRA CHANCELLOR OR GUILD DIRECTOR		FOR USE WITH ATTACHMENT TO EMAIL SUBMISSION ONLY			
	OR <input type="checkbox"/>		BY CHECKING THIS BOX YOU AFFIRM THAT YOU ARE THE AUTOCRAT, ITHRA CHANCELLOR OR GUILD DIRECTOR FOR THIS EVENT AND YOU ACKNOWLEDGE THAT YOU TAKE RESPONSIBILITY FOR THIS EVENT IN THE SAME MANNER AS IF YOU HAD SIGNED THIS FORM.			

See Corpora II.A – II.D for reference regarding individuals in charge of events and the rules around event. Corpora can be found at: <http://www.sca.org/docs/govdocs.pdf>