

Kingdom of the Outlands

Kingdom Event Proposal

- Crown Tournament Spring Fall Coronation Spring Fall Arts & Sciences Competition
 StagsCon Other _____

SCA Branch: _____

City: _____ State: _____

Site Opens (m/dd/yy h:mm): _____ Site Closes (m/dd/yy h:mm): _____

Modern Name and Address of Site: _____

Initial that you have attached the following to this form:

- _____ A site description detailing the amenities the site has to offer (with pictures if available)
- _____ A proposed preliminary schedule and description of any extra planned activities
- _____ A proposed preliminary budget detailing the estimated costs and expenses
- _____ A preliminary staff list to include experience of the event stewards
- _____ The first month's article for the *Outlandish Herald* (Please, include Site Amenities/Restrictions and Directions in article.)

Name and address of nearest medical facility: _____

_____ Distance from site: _____

(Signatures on second page)

Event Steward name: _____ **Date:** _____

Membership #: _____ **Expiration:** _____

Address: _____

Phone: _____ **Email address:** _____

** By signing as the Event Steward, I acknowledge that I have volunteered to be the Event Steward. If the event announcement will be published, I have read the Outlandish Herald article guidelines, available from any seneschal or chronicler, and understand that deadlines will need to be met, and all required event information must be in the event article to insure that the article will be published. If I am unable to fulfill my duties as Event Steward, I am responsible to let the local seneschal know, so they can prepare another Event Steward to fill the position.

Legal name (print): _____ **Signature:** _____

Local Seneschal name: _____ **Date:** _____

** By signing as the local seneschal, I acknowledge that I am legally responsible for the event and understand that all contracts must be signed by the Seneschal unless the Event Steward is specifically warranted to do so. It is my duty to make sure the Event Steward is a current, paid member at the time of the event. If the Event Steward is unable to fulfill their duties I am responsible to fill the position with another Event Steward.

I hereby warrant the above Event Steward to sign contracts in the name of the local SCA group for the purpose of this event.

I do NOT warrant the above Event Steward to sign contracts in the name of the local SCA group. All contracts for this event must be signed by the Seneschal.

Legal name (print): _____ **Signature:** _____

Baronial Seneschal name (if subgroup of a Barony): _____ **Date:** _____

** By signing as Baronial Seneschal, I acknowledge that I share legally responsibility for the event and understand that all contracts must be signed by a Seneschal unless the Event Steward is specifically warranted to do so.

Legal name (print): _____ **Signature:** _____

Second Officer name (if a Shire) / Coronet (if in a Barony): _____ **Date:** _____

** By signing, I acknowledge that the event has been proposed to be held by the populace.

Legal name (print): _____ **Signature:** _____

If approved, this form will act as the Event Registration Form