



Principality of  
**Tir Righ**

# CORONET EVENT BID INSTRUCTIONS

*Thank you for putting together a bid for a Coronet event for the Principality of Tir Righ. Did you know that the Principality's primary source of income is the profit-sharing from the four Coronet events? (The Tir Righ Travel fund can only be used to pay for travel expenses for Their Highnesses.) Your help is needed to keep the Principality strong!*

The form:

Pages 1-3 are required for a bid submission.

Page 4 is an Additional Information page. This page is recommended. Tell us about this site - of the pretty creek on one side, or the blackberry bushes that could be hazardous, etc. Attach a separate sheet if needed, and photos are always good!

Page 5 is only if you are planning a feast. Feasts at Coronet events are not required, so this page is only needed if you are planning on putting on a feast.

The last page is the Event Financial Report, which must be filled out after the event closes. Please keep and submit all paperwork for the event, including Gate Sheets, site contracts and expense receipts. This report must be signed by the branch seneschal and branch exchequer. An Excel version of this form is available on the Tir Righ website, in Library, Forms.

Please note that incomplete forms could delay or deny the application.

Thank you for submitting a bid!

Regards,

the Tir Righ Event Bids Committee



|   |  |  |   |                    |
|---|--|--|---|--------------------|
| ARCHERY ALLOWED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  | GARBAGE DISPOSAL SEPARATE FEE? IF YES, INCLUDE IN BUDGET<br><input type="checkbox"/> YES <input type="checkbox"/> NO | SPECIAL SITE RULES? IF YES, ATTACH ADDITIONAL DETAILS DOCUMENT<br><input type="checkbox"/> YES <input type="checkbox"/> NO |   |                    |
| PHONES ON SITE? IF NO, WHERE IS THE NEAREST ONE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  | IS THERE CELL PHONE SERVICE ON SITE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                           |   |                    |
| RADIO COMMUNICATION ON SITE? IF YES, WHAT TYPE AND WHO WILL BE RESPONSIBLE FOR THEIR USE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |   |                    |
| FIRE EXTINGUISHERS OR FIRE HOSES ON SITE? IF YES, HOW MANY? LOCATIONS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  |  |   |                    |
| IN AN EMERGENCY, HOW LONG DOES IT TAKE THE FOLLOWING SERVICES TO ARRIVE ON SITE? (MINUTES) →  | AMBULANCE  | FIRE DEPARTMENT  | POLICE  | MEDIVAC HELICOPTER |
| IS THERE ROOM FOR A MEDIVAC HELICOPTER TO LAND?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |   |                    |
| Note: Touch-down area must be a firm, level surface about 75 - 125 feet in diameter. The approach path can have no obstructions over 60 feet high within 100 yards of touch-down and over 180 feet high within 300 yards. These are the minimum needed for night landing. |  |  |   |                    |
| LOCATION OF NEAREST HOSPITAL / CLINIC   |  |  |   |                    |
| SITE ACCESS? IF SHARED, WITH WHO AND AT WHAT TIMES?<br><input type="checkbox"/> SHARED <input type="checkbox"/> EXCLUSIVE   |  |  |   |                    |
| IS ALCOHOL ALLOWED? IF YES<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WET <input type="checkbox"/> DISCREET <input type="checkbox"/> OTHER:   |  |  | IS SMOKING ALLOWED? <input type="checkbox"/> PERSONAL CAMP AREA (WITH ASHTRAYS)<br><input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> DESIGNATED AREA(S) |                    |
| FIRE RESTRICTIONS, OTHER THAN SEASONAL? IF YES, PLEASE LIST RESTRICTIONS<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  |  |   |                    |
| ARE THERE HAZARDS ON OR ADJACENT TO THE SITE? IF YES, WHAT ARE THEY? (WILD ANIMALS, RUNNING WATER, LAKE, RAILROAD TRACKS, RIFLE RANGE, ETC.)<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  |  |   |                    |
| ARE THERE NEIGHBOURS WHICH MIGHT DETRACT FROM THE AMBIANCE OF THE EVENT? (GO-CART RACE TRACKS, DIRT BIKE TRAILS OR HILL CLIMB AREAS, RESORTS WITH LOUD P/A, ETC.)<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |   |                    |
| IS THERE LIKLIHOOD OF TRESPASS, VANDALISM, THEFT, OR OTHER SECURITY PROBLEMS DUE TO LOCATION, SITE LAYOUT, OR SITE ACCESS BY LOCALS?  |  |  |   |                    |
| CAN YOU DRIVE RIGHT TO CAMPSITES?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | ADEQUATE PARKING?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  | RV PARKING?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  | HANDICAP PARKING?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |                    |

**TOURNAMENT EVENTS**

**Please note list field size: minimum should be 30' x 30'; preferred is 40' x 40'. Minimum 2 lists fields; more preferred.**

|   |      |   |  |
|---|------|---|--|
| NUMBER OF LIST FIELDS   | SIZE | ARRANGEMENT <input type="checkbox"/> BOX OF SQUARES WITH CORRIDORS (PREFERRED) <input type="checkbox"/> "L"<br><input type="checkbox"/> STRAIGHT LINE <input type="checkbox"/> SPLIT LOCATION <input type="checkbox"/> OTHER: |  |
| GROUND TYPE <input type="checkbox"/> PACKED DIRT <input type="checkbox"/> GRASSY <input type="checkbox"/> SANDY <input type="checkbox"/> ROCKY<br><input type="checkbox"/> GRAVEL <input type="checkbox"/> LAWN <input type="checkbox"/> WILD GRASS (I.E. CLUMPS) <input type="checkbox"/> MIXED OR COMBINATION (DESCRIBE): |      |   |  |
| FIELDS ARE<br><input type="checkbox"/> LEVEL <input type="checkbox"/> UNEVEN <input type="checkbox"/> ROUGH <input type="checkbox"/> SLOPING <input type="checkbox"/> OTHER   |      | DO FIELDS CONTAIN GOPHER, CHUCK OR OTHER HOLES THAT MAY BE HAZARDOUS TO FIGHTERS OR PEDESTRIANS? <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |

**IF YES, THESE MUST BE FILLED IN PRIOR TO THE EVENT.**

**SIGNATURES**

|                               |                       |
|-------------------------------|-----------------------|
| SIGNATURE OF BRANCH SENESCHAL | SIGNATURE OF AUTOCRAT |
| DATE SIGNED                   | DATE SIGNED           |

Attach other documents, details, photographs, maps and related bit materials you would like to see considered. Tell us about the site and all the features that it offers. Use either the Additional Information page, or attach your own page.

Send one copy each (including all related attachments) to the following: Their Highnesses Tir Righ, the Principality Seneschal, the Principality Exchequer, the Principality Events Deputy, and, if applicable, the Tanist and ban-Tanist. (See *The Crier* for current addresses, or the Tir Righ website for contact information to obtain addresses.)

Bids may be scanned after signing and a pdf sent **provided** the pdf is clearly readable.

**PRINCIPALITY SENESCHAL COMPLETES**

|               |                           |  |               |
|---------------|---------------------------|--|---------------|
| DATE RECEIVED | DATE RECEIPT ACKNOWLEDGED | FINDING<br><input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED | DATE NOTIFIED |
|---------------|---------------------------|--|---------------|

COMMENTS OF PRINCIPALITY EVENTS COMMITTEE (USE BACK OF FORM OR ATTACH ADDITIONAL SHEET IF NECESSARY)





# FEAST PLAN

## HEAD COOK

|                      |  |                                  |                                |
|----------------------|--|----------------------------------|--------------------------------|
| HEAD COOK (SCA NAME) |  | HEAD COOK (LEGAL NAME)           |                                |
| ADDRESS OF HEAD COOK |  |                                  | ZIP CODE / POSTAL CODE         |
| EMAIL ADDRESS        |  | PHONE NUMBER (INCLUDE AREA CODE) | FAX NUMBER (INCLUDE AREA CODE) |

## FEAST INFORMATION

|  |   |                   |                                       |
|--|---|-------------------|---------------------------------------|
| FEAST FEE PER PERSON   | DAY AND TIME OF FEAST                                   | LOCATION OF FEAST |                                       |
| BRIEF DESCRIPTION OF MEAL PROVIDED FOR FEE   |   |                   |                                       |
| FEAST GEAR<br><input type="checkbox"/> REQUIRED <input type="checkbox"/> PROVIDED  | THEME OR SPECIFIC TIME PERIOD ASSOCIATED WITH THE FEAST |                   |                                       |
| TICKETS<br><input type="checkbox"/> PRE- REGISTRATION ONLY <input type="checkbox"/> AVAILABLE ON SITE <input type="checkbox"/> OTHER:  |   |                   | DATE TICKET SALES END (IF APPLICABLE) |
| NAME OF TICKET CONTACT PERSON  |   | EMAIL ADDRESS     | PHONE # (INCLUDE AREA CODE)           |
| <b>It is the responsibility of persons with food allergies to ascertain the content of what they eat. If there is someone other than the head cook that will be answering questions or concerns regarding ingredients, please include their contact information below.</b> |   |                   |                                       |
| NAME OF FEAST CONTACT PERSON   |   | EMAIL ADDRESS     | PHONE # (INCLUDE AREA CODE)           |

## TENTATIVE MENU (OPTIONAL)

# PRINCIPALITY OF TIR RIGH - CORONET EVENT FINANCIAL REPORT

BRANCH

EVENT DATE(S)

EVENT

AUTOCRAT

**INCOME** (attach backup)

|                               | (A)<br># Reserved | (B)<br># at Gate | (C)<br>Fee-Reserved | (D)<br>Fee at Gate | (AxC) + (BxD)<br>Total |
|-------------------------------|-------------------|------------------|---------------------|--------------------|------------------------|
| Site-Adult                    |                   | \$               |                     | \$                 | \$                     |
| Site-Youth                    |                   | \$               |                     | \$                 | \$                     |
| Site-Child                    |                   | \$               |                     | \$                 | \$                     |
| Site-Family Cap               |                   | \$               |                     | \$                 | \$                     |
| Site-Comp                     |                   | \$               |                     | \$                 | \$                     |
| Merchanting                   |                   | \$               |                     | \$                 | \$                     |
| NMS                           |                   | \$               |                     | \$                 | \$                     |
| Other Income (please specify) |                   |                  |                     |                    | \$                     |
| Other Income (please specify) |                   |                  |                     |                    | \$                     |
| <b>GROSS INCOME:</b>          |                   |                  |                     |                    | \$                     |

**CANCELLATIONS / REFUNDS**

|                       | Number | Amount | Total |
|-----------------------|--------|--------|-------|
| Site-Adult            |        | \$     | \$    |
| Site-Youth            |        | \$     | \$    |
| Site-Child            |        | \$     | \$    |
| Site-Family Cap       |        | \$     | \$    |
| Merchanting           |        | \$     | \$    |
| NMS                   |        | \$     | \$    |
| Other Refunds         |        | \$     | \$    |
| <b>TOTAL REFUNDS:</b> |        |        | \$    |

**TOTAL INCOME (Gross Income Less Refunds)** \$

**EXPENSES** (attach backup)

|  |    |
|--|----|
| Advertising                                | \$ |
| Equipment Rental and Maintenance           | \$ |
| Fees and Honoraria (provide itemized list) | \$ |
| Food (cost of Feast supplies)              | \$ |
| General supplies                           | \$ |
| Insurance (Non-SCA)                        | \$ |
| Occupancy and Site Charges                 | \$ |
| Postage, Shipping, PO Box rental           | \$ |
| Printing and Publications                  | \$ |
| Telephone                                  | \$ |
| Travel (Gas, Tolls, Airfare)               | \$ |
| Other Expenses (provide itemized list)     | \$ |

**TOTAL EXPENSES** \$

**NET PROFIT OR LOSS:** \$

**NET PROFIT OR LOSS NET OF NMS:** \$

Net Profit or Loss is split based on the report date. Please refer to Tir Righ's Financial Policy for the report deadlines and share percentage.

Principality Tir Righ Net Profit Share Percentage   
 OR Principality Tir Righ Net Loss Share Percentage

**TIR RIGH PROFIT/LOSS SHARE** \$   
**GROUP PROFIT/LOSS SHARE** \$

**Branch Seneschal**

**Branch Exchequer**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_