

*Shire of Flintheath
Event Bid Form*

EVENT NAME: _____
AUTOCRAT'S NAME: _____
MKA: _____
STREET ADDRESS: _____
TOWN/ COUNTY/POST CODE: _____
TELEPHONE: _____
EMAIL: _____

I. EVENT BEING BID UPON FOR DATES: _____

___ WAR OF THE ROSES	BID DUE 9 MONTHS EARLY
___ YULE BALL (1 ST WEEKEND OF DECEMBER)	BID DUE APRIL 1
___ SPRING VICEROY TOURNEY (3 RD WEEKEND OF FEBRUARY)	BID DUE SEPTEMBER 1
___ AUTUMN VICEROY TOURNEY (LAST WEEKEND OF OCTOBER)	BID DUE MARCH 1
___ ID PROTECTORS (MARCH)	BID DUE OCTOBER 1
___ OTHER: _____	BID DUE 9 MONTHS EARLY

II. SITE INFORMATION:
NAME OF SITE: _____
LOCATION/ADDRESS: _____
NAME OF SITE CONTACT: _____

ESTIMATED SITE CAPACITY: _____
NUMBER OF ROOMS/CABINS _____
NUMBER OF BEDS _____
NUMBER OF SHOWERS _____
NUMBER OF TOILETS _____
CAMPING _____
PARKING _____
FEASTHALL _____
IS THERE A CUT OFF NUMBER FOR FEAST, IF SO WHAT _____

CHECK IF THE FOLLOWING ARE AVAILABLE:

___ HOT WATER
___ HEAT
___ PRIVATE ROOMS
___ MEETING ROOMS
___ CAMPFIRES ___ GROUND FIRES ___ FIRE CIRCLES ___ ABOVE GROUND FIRES ONLY
___ PETS ALLOWED ___ LEASHED ONLY
___ WET SITE ___ DRY SITE ___ DISCRETELY WET
___ MERCHANTS ALLOWED
___ HOTELS CONVENIENT TO SITE
___ SPECIAL FACILITIES (BE SPECIFIC) _____

III. FEE SCHEDULE

SITE FEE/PERSON

WEEKEND RATE (FRIDAY – SUNDAY)

£ _____ ADULT (Bed with feast)

£ _____ CHILD (Bed with feast) (UNDER 6)

£ _____ ADULT (Tenting with feast)

£ _____ CHILD (Tenting with feast) (UNDER 6)

DAYTRIPPER RATE

£ _____ ADULT (with feast)

£ _____ CHILD (UNDER 6)

*All non-members will add an additional £3 to the above stated prices

EARLY BIRD DISCOUNTS (ADULT WEEKEND RATES)

£ _____ UNTIL ___/___/___

£ _____ OFFBOARD DISCOUNT

£ _____ TENTING DISCOUNT

ANY ADDITIONAL DISCOUNTS: _____.

IV. PROPOSED BUDGET

_____ PROJECTED NUMBER OF ATTENDEES

_____ PROJECTED SITE COSTS (Beds, Tenting, Daytrip)

_____ PROJECTED FOOD COSTS (ALL food and feast)

_____ PROJECTED MISCELLANEOUS COSTS (Prizes, decorations, cleaning supplies, printing, postage, etc)

_____ BREAK EVEN ATTENDANCE (Beds, Tenting)

VI. OTHER STAFF

FEASTOCRAT:

NAME: _____

MKA: _____

STREET: _____

TOWN/COUNTY/POST CODE: _____

PH: _____ EMAIL: _____

RESERVATIONS:

NAME: _____

MKA: _____

STREET: _____

TOWN/COUNTY/POST CODE: _____

PH: _____ EMAIL: _____

OTHER: (include name and position)

