**Event Request Form**

Proposed Event Name: Proposed Date(s) of Event:

**PROPOSED BUDGET**

Cost of Site: $ Related Expenses\* $

On-Board fee per person: $ Offboard fee per person: $ Non-Member fee per person: $

(discounted staff option) (SMA members)

Limit for On-board: Estimated attendance: Royalty attendance:

Will food be served: How many meals: Catered or group prepared:

Estimated number of all meals served: Estimated cost of all meals prepared: $

**PROPOSED LOCATION**

Site Name:

Site address:

Site benefits/restrictions:

Handicapped accessibilities/restrictions:

Indoor or Outdoor fighting location:

Parking (ample, limited, off-site):

Alcohol permitted?**CONTACT INFORMATION**

Sponsoring Group(s):

Sponsoring Group's Seneschal:

Autocrat(s) (SMA name):

Autocrat (Modern name):

Autocrat's postal address:

Autocrat's e-mail:

Autocrat's phone number: ( )

Room for Court: Royalty Room(s): Additional Rooms:

\*If needed, please attach the requested information for any of the above categories.

\*Please attach separately all anticipated related expenses.

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Site Location Approved: Budget Amount Approved: $ Event Name Approved: Event date(s) Approved:

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Deputy Seneschal of Event Locations/Date Society or Kingdom Exchequer/Date

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Kingdom Seneschal/Date Society Seneschal/Date