

EVENT STEWARD AWARENESS FORM

INITIALS	DESCRIPTION
_____	I am aware that only the seneschal may sign contracts on the barony's behalf.
_____	I am aware that I must prepare a budget before the event.
_____	I am aware that I must submit a financial report after the event.
_____	I am aware that no funds will be distributed to anyone for this event unless I, the head chef, or co-steward, expressly approve the amount.
_____	I am aware that all re-imbursements require receipts.
_____	I am aware that all bills from outside vendors are to be sent to the baronial mailing address which can be obtained from the seneschal and/or exchequer.
_____	I am aware that if SCA insurance is required that it must be requested at least thirty days in advance and that the barony, with few exceptions, will not re-imburse a late fee.
_____	I am aware that I am to submit a post-mortem on the event that includes what went right, what went wrong, and ways to improve the event.
_____	I am aware that all money that comes in for the event must be given to the exchequer or seneschal by the next populace meeting and that the money must be given in the same form in which it was received (e.g. cash must be given as cash, checks as checks, etc.)
_____	I am aware that the barony cannot <i>distribute</i> funds electronically.
_____	I am aware that the Aceps site is the only approved site for <i>accepting</i> funds electronically and that if I wish to use Aceps (which is encouraged but not required) that I must meet their requirements.
_____	I am aware of all deadlines for SCA publications.
_____	I am aware that if childrens activities are to be advertised and held, that there are policies for youth activites to which must be adhered.
_____	I am aware that all martial activities must have an appropriate marshal present.
_____	I am aware that non-member surcharges (NMS Fees) must be collected when fees are charged and that these fees cannot be waived for any non-members.

EVENT NAME: _____ **EVENT DATE:** _____

SIGNATURE (SCA): _____ **MEMBERSHIP #:** _____

SIGNATURE (LEGAL): _____ **DATE:** _____

Event: _____

SCA Branch: _____

Site Opens (mm/dd/yy hh:mm): _____ Site Closes (mm/dd/yy hh:mm) _____

Name and Address of Site: _____

Name and address of nearest medical facility: _____

Event Steward SCA 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 SCA 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 SCA 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 SCA name (if a Shire) / Coronet (if in a Barony): _____ **Date:** _____

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

Legal name (print): _____ Signature: _____

WHAT HAPPENS NEXT?

- Email this completed form to the Kingdom Calendar and Event Coordinator: kingdomcalendar@outlands.org.
- Submit your event article for the Outlandish Herald online. <http://www.outlands.org/Default.aspx?tabid=1280>.

Barony of Caerthe

Request for Funds

Please Print Clearly

Date: _____
Requested by (SCA name): _____
Legal Name: _____
Phone Number: (_____) _____ - _____
Pay to the Order of: _____
Amount Requested: \$ _____
Event Name and Date
(if applicable): _____

**PLEASE ATTACH ALL RELEVANT RECEIPTS TO THE BACK OF THE
FORM AND RETURN TO THE EXCHEQUER.**

Purpose: _____

I understand that I am required to submit receipts to document any advance or reimbursement, and that all advanced funds not accounted for by receipts must be returned to the Exchequer.

Requestor Signature (Legal Name) _____ Date _____

_____ Request for funds is granted.
Check Number: _____ Date Issued: _____ Amount: \$ _____
Funds to be allocated from: _____

_____ Request for funds is denied.
Explanation: _____

1st Authorized Signature _____ Date _____ 2nd Authorized Signature _____ Date _____

****NOT NEGOTIABLE****NOT NEGOTIABLE****NOT NEGOTIABLE****NOT NEGOTIABLE****

Total Spent: \$ _____ Attached Receipts: \$ _____ Returned to Exchequer: \$ _____ Date: _____

INSURANCE CERTIFICATE ORDERING INSTRUCTIONS

****February 2015 Revision****

In order to facilitate prompt response when ordering insurance certificates; please follow the steps outlined below. Please allow **30 (thirty)** days for completion of your request. **Always include your legal name, mailing address, email address, and daytime phone number. Your Membership Number & expiration date are also required.**

HOW TO: USE A SEPARATE SHEET OF PAPER FOR REQUIRED INFORMATION. PLEASE FOLLOW THE ORDERING INSTRUCTIONS CAREFULLY, ONLY USING THE FORMAT LISTED BELOW, OR YOUR PAPERWORK WILL BE RETURNED AND YOU WILL BE RESPONSIBLE FOR ANY LATE FEES.

- **PLEASE NOTE IF THE CERTIFICATE HOLDER NEEDS AN ENDORSEMENT (CONSULT YOUR CONTRACT AND SITE CONTACT PERSON).**
- **A duplicate copy of the Certificate and payment receipt (for credit cards only) will be mailed to Event Coordinator & Credit Card Holder.**
- **PLEASE DO NOT Mail as Certified Mail – this will prolong delivery process & could result in the \$175.00 Late Fee.**

ORDERING INSTRUCTIONS

1. Name of Event
2. Name & Physical address of the site.
3. Beginning and ending **DATES & TIMES** of the event. For multiple dates, please list each date.
4. Certificate Holder's Name & Address – (This is not your local group – it is the Church, Park's Dept., etc. who is requesting that they be furnished a certificate).
5. Additional Insured – The exact wording that the Certificate Holder wishes to appear on the certificate. They will provide you with the wording in the contract .
6. Fax Number – Of Certificate Holder only
7. Routing Name for Fax – Of Certificate Holder only
8. Event Coordinator: **Membership Number, Expiration Date, Legal Name, Mailing Address, Email Address, Daytime Phone Number.**
9. Insurance Type: (General Liability, Equestrian, Host Liquor & Endorsement)

EVENT COORDINATOR:

The Event Coordinator must have a current membership through the listed Event or Practice Dates. The Certificate cannot be ordered without the term of membership being verified.

ORDERING FEES:

General Liability Policy & International Policy:

If there is to be named “additional insured,” the fee is \$50.00. If “additional insured” is not requested, the certificate is free. ***FEE MUST BE RECEIVED WITH CERTIFICATE REQUEST, AND CHECKS MADE OUT TO SCA, INC. (U.S. FUNDS ONLY).***

Equestrian Policy:

Each time the Equestrian Policy is activated the fee is \$50.00. If you need “additional insured,” it is another \$50.00. For activation of both the Equestrian Policy and “additional insured” the total would be \$100.00. ***FEE MUST BE RECEIVED WITH CERTIFICATE REQUEST.***

Late Fee:

If the ***30 (thirty)*** day ordering period is not adhered to, there will be a ***\$175.00*** late ordering fee charged. Occasionally, the site will delay requesting a certificate and the fee may be waived by providing the Corporate Office with a letter from the site owner (on letterhead) detailing the cause of the delay. However, the late fee will need to be paid with the certificate fee, and will be refunded after the Site Owner’s letter has been reviewed.

CREDIT CARD PAYMENT: VISA OR MASTERCARD ONLY

Include:

Credit Card Number

Expiration Date

Name on Credit Card & Credit Card Billing Address

Email Address of Cardholder

A credit card receipt will be provided to the credit card owner, and a duplicate copy of the Insurance Certificate will be mailed to the Event Coordinator

Please send order with payment via:

Email: insurance@sca.org

Mail: SCA, Inc., P.O. Box 360789, Milpitas, CA 95036-0789

Or

Fax: (408) 263-0641

Rev. 2/2015

SCA INSURANCE FORM EXAMPLE

- 1) EVENT NAME: **Caerthe Twelfth Night**
- 2) Name and Physical Address of Site:
Adams County Regional Park
9755 Henderson, RD, Brighton, CO 80601
- 3) Date and times of event: **Saturday 01/07/2012 8AM - Saturday 01/07/2012 11PM**
- 4) Certificate Holder's Name and Address:
Adams County Parks and Community Resources
Adams County Regional Park
9755 Henderson Road
Brighton, CO 80601
- 5) Additional Insured: **Adams County**
- 6) Fax Number of Holder: **303-637-8015**
- 7) Routing Name for Fax: **Roxie Elliott**
- 8) Event Coordinator:
Member Mundane Name
Member Mundane Address
Member Phone Number
- 9) Insurance Type: **General Liability**

EVENT STAFF

(Not all may be applicable;

Default person to contact is the baronial officer)

Event Steward: _____

Co-event Steward: _____

Head Chef: _____

Head Gatekeeper: _____

Gatebook Designer: _____

Adveristing/Flyers: _____

Site Token Maker: _____

Webminister: _____

Royal Liason: _____

Merchant Co-ord: _____

Head Server: _____

Youth Officer: _____

Knight Marshal: _____

Rapier Marshal: _____

Archery Marshal: _____

Thrown Weapons Marshal: _____

A&S Co-ord: _____

Decorations: _____

Setup Crew: _____

Cleanup Crew: _____

Head Chef Helpers: _____

Crash Space/Hospitality : _____

Media Liason (else seneschal) : _____

Chirurgion: _____

Event Specific #1: _____

Event Specific #2: _____

EVENT STEWARD CHECKLIST

COMPLETE?	ITEM	DUE
<input type="checkbox"/>	Event Request Form Complete	Immediately
<input type="checkbox"/>	Site Contract Signed by Seneschal	Immediately
<input type="checkbox"/>	Event Steward Awareness Form Completed	Immediately
<input type="checkbox"/>	Budget Submitted	Immediately
<input type="checkbox"/>	Accepts Form Completed (if applicable)	ASAP
<input type="checkbox"/>	Staff Selected	ASAP
<input type="checkbox"/>	Ordered Port-a-lets (if applicable)	ASAP
<input type="checkbox"/>	Site Specific Form Completed (e.g. setup form)	As directed by site
<input type="checkbox"/>	Advertising	As Appropriate
<input type="checkbox"/>	Honoraria obtained	As Appropriate
<input type="checkbox"/>	Fortress Article Sent in	60 days Before Event
<input type="checkbox"/>	OH Article Sent in	60 days before event
<input type="checkbox"/>	SCA Insurance Check Requested	60 Days before event
<input type="checkbox"/>	SCA Form and Check Sent to Corporate	40 days before event
<input type="checkbox"/>	Gate Paperwork is ready	1 Week before event
<input type="checkbox"/>	Purchase Port-a-let items or other necessities	1 Week before event
<input type="checkbox"/>	Site keys obtained	Day before event or as directed by site
<input type="checkbox"/>	Gate Money Turned Over to Exchequer	At event or ASAP thereafter
<input type="checkbox"/>	Thank You	ASAP after Event
<input type="checkbox"/>	NMS Check Sent to Kingdom	10 Days after event
<input type="checkbox"/>	Waivers given to seneschal or sent to waiver secretary	Next populace meeting
<input type="checkbox"/>	Post-Event Report	Thirty days after event
<input type="checkbox"/>	Final Financial Report	Thirty days after event

By request of the Society Seneschal with the support of the Board and the President of the SCA, the following statement must be posted at gate/troll at every SCA event in a size large enough for people to see it as they enter our events. This language must likewise be quoted in ALL site handouts at every event were a handout is made available.

The SCA prohibits harassment and bullying of all individuals and groups.

Harassment and bullying includes, but is not limited to the following: offensive or lewd verbal comments directed to an individual; the display of explicit images (drawn or photographic) depicting an individual in an inappropriate manner; photographing or recording individuals inappropriately to abuse or harass the individual; inappropriate physical contact; unwelcome sexual attention; or retaliation for reporting harassment and/or bullying. Participants violating these rules are subject to appropriate sanctions. If an individual feels subjected to harassment, bullying or retaliation, they should contact a seneschal, President of the SCA, or the Kingdom's Board Ombudsman. If a participant of the SCA becomes aware that someone is being harassed or bullied, they have a responsibility pursuant to the SCA Code of Conduct to come forward and report this behavior to a seneschal, President of the SCA or Kingdom's Board Ombudsman.

POST-EVENT REPORT

POST-EVENT REPORT	
Event Name:	
Event Date(s):	
Total Attendees:	
Total Adult Members:	
Total Adult Non-Members:	
Total Child Members:	
Total Child Non-Members:	
Total Profit/Loss (Must Finish Financial Report):	
Competition Winners (if applicable):	
Still Open Items or Bills:	
What Went well?:	
What Went wrong?:	
Future suggestions:	
Other Noteworthy Items:	

IMPORTANT SITE URLS AND CONTACTS

ACCEPS (The Correct Form for Acceps can be found at the website)

WEBSITE: http://acceps.ansteorra.org/acceps_info.php

EMAIL: acceps@gmail.com

Kingdom Event Packet:

<http://www.outlands.org/portals/0/forms%20and%20waivers/eventpacket-0111.pdf>

Kingdom Chronicler (for getting the event in the *Outlandish Herald*):

chronicler@outlands.org

Kingdom Calendar (for getting the event on the kingdom website):

calendar@outlands.org

Baronial Chronicler (for getting the event in the *Fortress*)

chronicler@caerthe-sca.org

Baronial Webminister (for getting a webpage up)

web@caerthe-sca.org

Barony Documents:

http://www.caerthe-sca.org/docs/Request_For_Funds.pdf

http://www.caerthe-sca.org/docs/EventFinancialReport_95.xls