

INCIPIENT GROUP/HOUSEHOLD/OTHER EVENT
SPONSORSHIP FORM

PART I- EVENT INFORMATION

(This portion to be filled out by the event steward or seneschal of the group wishing to hold the event)

Name of Event: _____
Group name: _____ Date of Event: _____
Location's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Event Steward's SCA Name: _____
Mundane Name: _____ Phone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Will your event include 1) A tourney ? Yes No 2) Arts/Sciences Contest(s)? Yes No

If the answer to 1) is yes, please list below the name(s) of warranted Marshall in charge:

If the answer to 2) is yes, please list below name(s) of warranted MOA/MOS who will be in attendance:

PART II- SENESCHAL'S CONFIRMATION

(This portion must be filled out by the Seneschal of the sponsoring group. Without section, the event cannot be scheduled as an official event.)

I, _____, Seneschal of _____ (Sponsoring Group), do hereby confirm that the event described above is being sponsored by our group. I am aware of the activities planned for this event. I am cognizant of my responsibilities under the laws of the Society for Creative Anachronism, Inc, and applicable state and federal laws in my capacity as sponsoring seneschal. I further affirm that the information listed above is true and correct to the best of my knowledge.

Signature (SCA) _____ Date signed: _____
Mundane Name: _____ Phone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____

PART III-OFFICER IN ATTENDANCE/NOTICE OF INTENT TO ATTEND

(PLEASE NOTE: Under the laws of the Society for Creative Anachronism, Inc., an event cannot be an official event without a duly warranted officer of the sponsoring group in attendance.)

I, _____, _____ (Position) of _____ (Sponsoring Group), affirm that I plan to attend the above event. Should I be prevented from attending for whatever circumstance, I understand that it is my responsibility to locate a duly warranted officer to attend in my stead.

Signature (SCA) _____ Date signed: _____
Mundane Name: _____ Phone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____

Please return the original of this form to The Pale editor with your flyer or event announcement. We cannot run your announcement without this form on file with our office. For their safety, the event steward, seneschal and warranted officers named above should retain copies in their files. MKCO 842.01 Revision date: 10/31/2012