

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.
- Promote your Event via the Outlands Service Portal - <https://portal.outlands.org/forms/event>