

## Post Event Report Form (Printable)

Fill out Post Event Report form and return it to the Seneschal, if possible by the next business meeting. Turn in all receipts to the Exchequer.

PLEASE TYPE OR PRINT CLEARLY

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Autocrat(s):

Responsible For	SCA Name	Legal Name	Contact Info (phone & e-mail)

Summary of Activities at Event:

Arts & Sciences     Feast     Archery  
 Classes/Demos     Fund Raiser(s)     Heavy Weapons  
 Children's Activities     Merchants     Light Weapons  
 Other \_\_\_\_\_ (Please include description)

Event Description: \_\_\_\_\_

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Site Information:

Site Name: \_\_\_\_\_

Address: \_\_\_\_\_

Site Contact Person: \_\_\_\_\_

Site Phone/E-mail: \_\_\_\_\_

Site Commentary: \_\_\_\_\_

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**Marshal(s) in Charge:**

Responsible For	SCA Name	Legal Name	Contact Info (phone & e-mail)

**Incidents:**

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**Injuries:**

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**Lost and Found:**

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**Other Reports:** *(attach other reports after this page)*

**Financial Summary:**

*All unused funds must be given to the Exchequer. All receipts must be given to Exchequer for reimbursement.  
Submit the number of non-member attendees and associated fees to Exchequer within 48hrs after the close of the event.*

**Income:**

Site Fee:  
\_\_\_\_\_ members at \$ \_\_\_\_\_  
\_\_\_\_\_ child members at \$ \_\_\_\_\_  
\_\_\_\_\_ non-members at \$ \_\_\_\_\_  
\_\_\_\_\_ child non-members at \$ \_\_\_\_\_  
  
Total \$ \_\_\_\_\_

Feast Fee:  
\_\_\_\_\_ people at \$ \_\_\_\_\_  
\_\_\_\_\_ people at \$ \_\_\_\_\_  
  
Total \$ \_\_\_\_\_

Off Board Fees:  
\_\_\_\_\_ people at \$ \_\_\_\_\_  
\_\_\_\_\_ people at \$ \_\_\_\_\_  
  
Total \$ \_\_\_\_\_

Site Deposit Amount Returned, if any: \$ \_\_\_\_\_

**Additional income:**

**Fund Raisers:**

Amount of money raised: \$ \_\_\_\_\_

Who was in charge? \_\_\_\_\_

What form did it take? \_\_\_\_\_

For what was the money being raised? \_\_\_\_\_

**Total Income from Event** \$ \_\_\_\_\_

**Expenses:**

Deposit for Site: \$ \_\_\_\_\_  
Site Cost (without the Deposit): \$ \_\_\_\_\_  
Amount spent on food: \$ \_\_\_\_\_  
Prizes Amount spent: \$ \_\_\_\_\_  
Other Amount spent: \$ \_\_\_\_\_

Equipment Rented	Rental Company	Rental Cost
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Total Expenses for event:** \$ \_\_\_\_\_

**Total Income minus Total Expenses:** \$ \_\_\_\_\_

*The following are notes that may be helpful to future autocrats of this event, in no particular order.*

What went well? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How could the event have been improved? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How could the feast have been improved? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations for the future: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was done with the profit from this event? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Autocrat

Date

Seneschal

Date Received

# Event Budget & Reporting

Event Name:
Dates of Event:
Location of Event:
Contact Info of Site representative:
Type of Event (i.e. Day/Camping/A&S/Tourney):
Autocrat:
Autocrat contact info (phone & email):

Fillable Excel version available at <http://starkhafn.org/library.htm>

Income	Budget Estimate	Actual	Comment
Pre registration			# _____ Adults @ \$ _____, # _____ Youth (6 - 17) @ \$ _____, # _____ Child (0 - 5) @ \$ _____
Gate			# _____ Adults @ \$ _____, # _____ Youth (6 - 17) @ \$ _____, # _____ Child (0 - 5) @ \$ _____
Day Trip			# _____ Adults @ \$ _____, # _____ Youth (6 - 17) @ \$ _____, # _____ Child (0 - 5) @ \$ _____
Non Member Surcharge			Added fee for Non Members (\$5 per adult) cancels out evenly with expense item
Feast Fee			# of spots available
Merchant Booth Space			Each booth Includes 1 entrance fee, \$____/ static, \$____/ food
Merchant Helper Fees			\$_____ per person
Parking			
Gatebook Ad Sales			
RV Space Sales			
Equestrian Fees			
Other Income: Describe			describe fundraiser type and proceeds allocation
<b>Total Event Income</b>	<b>\$0.00</b>	<b>\$0.00</b>	
Pre registration refund			
NMS refund			
Merchant refund			
<b>Total Refunds</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Total Income</b>	<b>\$0.00</b>	<b>\$0.00</b>	
Expenses	Budget Estimate	Actual	
Advertising			
Occupancy & Site			Cost of site after refunds
Refundable deposits			Will be deducted from expenses once received back
Equipment Rental & Maintenance			
Insurance (Non SCA)			i.e Equestrian Insurance if needed
Fees & Honoraria			
Food			Includes all perishables
General Supplies			includes decorations, prizes, cleaning supplies, bathroom supplies etc.
Site Tokens			
Postage, Shipping, P.O. Box			
Printing & Publication			Includes gatebook, class handouts, signs, agendas etc.
Travel			
<b>Transfers Out</b>			
Insurance (SCA)			If site wants to be specifically named on insurance certificate, must be submitted 30 days before event. General SCA insurance certificate available from exchequer or seneschal upon request.
Non Member Surcharge check to CAID			cancels evenly with income
<b>Total Expense</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Net Income</b>	<b>\$0.00</b>	<b>\$0.00</b>	Total Income minus Total Expenses
Profit Allocations	Estimated	Actual	
Kingdom Profit Split			
Volunteer Hours Payout			Total Volunteer hours worked -
Dedicated Funds			fundraiser proceeds (Starkbucks / travel fund)