

# SUMMITS EVENT PROPC

## 1. GENERAL INFORMATION

NAME OF EVENT	DATE(S) (MM/DD - MM/DD, YYYY)	SITE OPENS	SITE CLOSSES
Alpine Festival of the Arts	02/13 - 02/15, 2026	3pm	3pm

FEAST TYPE (IF APPLICABLE)	DAY FOOD? OTHER NOTES
<input type="checkbox"/> SERVED <input checked="" type="checkbox"/> BUFFET <input type="checkbox"/> POTLUCK BUFFET	

ACTIVITIES/COMPETITIONS
<input type="checkbox"/> HEAVY <input type="checkbox"/> RAPIER <input checked="" type="checkbox"/> A&S <input type="checkbox"/> ARCHERY <input checked="" type="checkbox"/> BARDIC <input checked="" type="checkbox"/> OTHER (LIST BELOW)

Ball, Court,

## 2. AUTOCRAT INFORMATION

SCA NAME	MODERN NAME	SCA MEMBER #	EXPIRATION
Seamus O'Caellaigh	James Kelley	198289	04/31/2025

EMAIL ADDRESS	HOME PHONE NUMBER	ALT. PHONE NUMBER
<a href="mailto:seamus.summits@gmail.com">seamus.summits@gmail.com</a>		541-297-9531

## 3. AUTOCRAT INFORMATION

SCA NAME	MODERN NAME	SCA MEMBER #	EXPIRATION

EMAIL ADDRESS	HOME PHONE NUMBER	ALT. PHONE NUMBER

## 4. SITE LOCATION AND INFORMATION

NAME OF FACILITY	NAME OF FACILITY CONTACT
Red Lion Coos Bay	Susan

FULL ADDRESS OF FACILITY (INC. ZIP CODE)	PHONE NUMBER
1313 N Bayshore Dr, Coos Bay, OR 97420	541-267-4141

INSURANCE REQUIREMENTS
<input checked="" type="checkbox"/> NO CERTIFICATE REQUIRED <input type="checkbox"/> COPY OF GENERAL CERTIFICATE <input type="checkbox"/> ALSO-NAMED CERTIFICATE

ALCOHOL DESIGNATION, IF APPLICABLE	FIRE RESTRICTIONS, IF APPLICABLE
<input type="checkbox"/> DRY <input type="checkbox"/> DISCREETLY WET <input checked="" type="checkbox"/> WET	

OTHER INFORMATION

## 4. Event Description

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE EVENT

Alpine Festival of the Art with all things Arts and Science. Social Gathering Friday evening. Alpine Scholar, Bardic Championship, Court, and D Saturday. Display Sunday. I would like to include some classes but will see how the space works out when doing more planning. I would like to have a dinner on Saturday during the Ball.

## 6. BUDGET INFORMATION

<b>ESTIMATED INCOME</b>	<b>FEE - RESERVED</b>	<b>FEE - GATE</b>	<b># RESERVED</b>	<b># GATE</b>	<b>TOTAL</b>
FULL SITE - ADULT		\$ 20.00	140		\$ 2,4
FULL SITE - YOUTH		\$ -			\$
FULL SITE - CHILD		\$ -			\$
DAY - ADULT					\$
DAY - YOUTH					\$
DAY - CHILD					\$
FEAST - ADULT		\$ 10.00	50		\$ 5
FEAST - YOUTH					\$
FEAST - CHILD					\$
MERCHANT					\$

**ESTIMATED EXPENSES**

SITE TOKENS			
EQUIPMENT RENTAL	\$ 50.00		
SITE COPIES			
INSURANCE			
COMP'D FEES	\$ 400.00		
PRIZES			
FOOD	\$ 500.00		
GENERAL SUPPLIES			
SITE USE FEES	\$ 1,800.00		
ADVERTISING			

**EXPECTED BUDGETARY OUT**

<b>TOTAL INCOME</b>	\$ 2,9
<b>TOTAL EXPENSE</b>	\$ 2,7
<b>TOTAL PROFIT</b>	\$ 1
<b>BREAK EVEN #</b>	138

PLEASE LIST REQUESTED COMPS AND A BRIEF REASON WHY:

Crown, Coronets, Baronial Pairs, Principality Officers, Principality Champions

THE ABOVE EVENT PROPOSAL HAS BEEN:  APPROVED  DENIED ON  (mm/dd/yyyy)

NOTES:









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