

THE SOCIETY FOR CREATIVE ANACHRONISM (NZ), INC.
POST EVENT REPORT FORM
BARONY OF SOUTHRON GAARD



Event Date: _____

Event Name: _____ Event Type: _____

Site opened: _____ Hall opened: _____ Site closed: _____

Event Site Address: _____

Steward (SCA Name): _____

Steward (Mundane Name): _____

Names of the following (where relevant) and have they sent the necessary reports to their Baronial superior?

Feast Steward: _____ Marshal: _____ Yes/ No

Head cook: _____ Lists Officer: _____ Yes/ No

Gatekeeper: _____ Fencing marshal: _____ Yes/ No

Event Herald: _____ Chirurgeon: _____ Yes/ No

Total number of attendees: Adults _____ Children _____ Feast _____ Total attendees _____

Activities during the event (check as appropriate)

A&S classes	dancing	tournament
A&S competition	demo	wars
archery	revel	picnic
camping	feast	quests/games/contests
children's activities	fencing	other (specify):

Any problems encountered: _____

Any particular successes: _____

Notes to future stewards: _____

Name(s) of Royalty if present: _____ Did They hold court: _____

Name of court herald: _____ Have awards given been reported to Kingdom? _____

THIS FORM SHOULD BE ACCOMPANIED BY AN EVENT BUDGET FINAL REPORT FORM

Signed: _____

Steward: _____ **Seneschal:** _____