	Name of Event				T		<u> </u>
Event Info	Start Date and Time of Event				End Date and Tim	e of Event	
	Event Website						
	Kingdom						
	Sponsoring Group (if not Kingdom)						
		crat: Legal Na	me				
		crat: email	_				
Staff		Reservations: Legal Name					
Info		Reservations: email					
	Exchequer: Legal Name Exchequer: Phone and Email						
Froup an		-	send the check				
oloup al	iu Auui	ess where to	Sena the thetk				
Pre	-Reg O <sub>l</sub>	pen Date		Early Pre-	Reg Closes		
Pre	-Reg Clo	oses Date		Last Date to Request Refunds			
		Max Cap Adult Member		Youth Pricing		Child Pricing	
			Pricing	( -	)	(	- )
			18+				
Day-trip	-						
	e-Reg						
	y-Trip e-Reg						
	ekend						
Early Pr							
	ekend						
Pr	e-Reg						
	st/On						
I	Board						
Cabi	n Top						
Cabin Bo	ottom						
Te	enting						
Group	Camp						
	Name		1		1	1	
Other Fee		Max Cap	Cost	Other Fees:	Max Cap	Cost	
Mer	chant						

(SCA-rs) and that the revenue received will be minus the 3% transaction fees and the \$\_\_ one-time event usage fee.

Date FinCom approval	Seneschal (Legal Name)	Signature

Include a list of Comps with this form for manual registration. Request for comps other than those provided will not be approved without coordination with the group.

Include any list of group camp names if group camping is included.

Please send a copy of the approved flyer with the pricing structure along with this form to your Kingdom Deputy in charge of SCARS: atlantia-rsdeputy@.sca.org and kingdom exchequer.

	KINGDOM OFFIC	E USE ONLY
Approved by Kingdo	m Exchequer on:	Event ID # Assigned:
Kingdom Deputy	Legal Name:	
for Online	Phone Number:	
Registrations	Email Address:	
******	********	
******	********	**************************************
******	eputy must email copy of the	**************************************