

ATLANTIA AUTHORIZATION REQUEST TO USE THE SCA, INC. REGISTRATION SYSTEM (SCA-rs)

Event Info	Name of Event		
	Start Date (MM/DD/YYYY)		End Date (MM/DD/YYYY)
	Event Website		
	Kingdom		
	Sponsoring Group (if not Kingdom)		
Staff Info	Autocrat: Legal Name		
	Autocrat: email		
	Reservations: Legal Name		
	Reservations: email		
	Exchequer: Legal Name		
Exchequer: Phone and Email			
Group and Address where to send the check			

Pre-Reg Open Date		Early Pre-Reg Closes			
Pre-Reg Closes Date		Last Date to Request Refunds			
	Max Cap	Adult Member Pricing 18+	Youth Pricing Tier 1 (-)	Youth Pricing Tier 2 (if needed) (-)	Child Pricing (-)
Day-trip Early Pre-Reg					
Day-Trip Pre-Reg					
Full Pass Early Pre-Reg					
Full Pass Pre-Reg					
Feast/On Board					
Cabin Top					
Cabin Bottom					
Tenting					
Other Fees:	Max Cap	Cost	Other Fees:	Max Cap	Cost
Merchant					

– There will be an additional \$5 non-member surcharge added to the cost for those adults that do not have a current membership. **Financial committee** verifies that the decision is supported in using the SCA Online Reservation System (SCA-rs) with the below fees. **CALCULATE Transaction Fee:** Events calculate the expected fee by multiplying the expected gross income from SCA-rs by 3%. **CALCULATE Usage Fee:** Calculate the one-time usage fee of 1% of gross income from SCA-rs, max of \$400

Budgeted Pre-Reg Income via SCA-rs	Calculated Transaction Fee (Pre-reg Income * 3%)	Calculated Usage Fee (See Calculations above)	Budgeted Cost of SCA-rs Transaction Fee + Usage Fee
Date Approved	Seneschal (Legal Name)	Signature	

DID YOU?

- Include a list of Comps to assign Max reg numbers for each type of Comp and what is comp'd (site, feast, cabin, etc).
- Include any list of group camp names if group camping is included.
- Include your refund policy.

Please attach this form to the Kingdom Deputy in charge of SCARS: atlantia-rsdeputy@sca.org and kingdom exchequer Exchequer@atlantia.sca.org for approval.

KINGDOM OFFICE USE ONLY

Approved by Kingdom Exchequer on: _____ Event ID # Assigned: _____

Kingdom Deputy Legal Name: _____
for Online Phone Number: _____
Registrations Email Address: _____

Kingdom Deputy must email copy of the completed form to: mazelle@sca.org

CORPORATE OFFICE USE ONLY:

Received at Corporate Office on: _____

Funds reconciled on (Date): _____ Check mailed to group on: _____