

THE SOCIETY FOR CREATIVE ANACHRONISM, INC.

NON-MEMBER SURCHARGE SUBMISSION FORM

Kingdom: _____

Branch: _____

Date: _____

Check Number: _____

Event Date	Event Name	# of Attendees	# of Non-Members	\$ Paid
TOTALS:				

Senders Name: _____

Street Address: _____

City: _____ **State or Providence:** _____ **Zip or Postal Code:** _____

Telephone: Home: () **Work:** ()

SCA Name: _____

Please make checks payable to SCA Inc Kingdom of Calontir and mail to the Kingdom Treasurer NMS Deputy listed in the MEWS. Form and Check are due 2 weeks after the event. Please complete the form in it's entirety.