



GATE SHEET

FAMILY CAP * _____

ADULT _____

(age range) _____ YOUTH _____

(age range) _____ CHILD _____

FEAST _____

OTHER _____

EVENT: _____

BRANCH: _____ DATE: _____

* Non-Member Registration (NMR) must still be added after any applicable family cap has been reached for all adult non-members.

1	SCA Name	Modern Name	Branch	SCA Waiver Signing (W) = Waiver Required		SCA Membership	Adult	Youth	Child	NMR (\$5.00/adult)	Feast Fee	Site Fee	Total Paid
				Blue Card	#								
1				Blue Card	#				\$	\$	\$	\$	
				Non-Member (W)	Exp								
2				Blue Card	#				\$	\$	\$	\$	
				Non-Member (W)	Exp								
3				Blue Card	#				\$	\$	\$	\$	
				Non-Member (W)	Exp								
4				Blue Card	#				\$	\$	\$	\$	
				Non-Member (W)	Exp								
5				Blue Card	#				\$	\$	\$	\$	
				Non-Member (W)	Exp								
6				Blue Card	#				\$	\$	\$	\$	
				Non-Member (W)	Exp								
7				Blue Card	#				\$	\$	\$	\$	
				Non-Member (W)	Exp								
8				Blue Card	#				\$	\$	\$	\$	
				Non-Member (W)	Exp								
9				Blue Card	#				\$	\$	\$	\$	
				Non-Member (W)	Exp								
10				Blue Card	#				\$	\$	\$	\$	
				Non-Member (W)	Exp								
11				Blue Card	#				\$	\$	\$	\$	
				Non-Member (W)	Exp								
12				Blue Card	#				\$	\$	\$	\$	
				Non-Member (W)	Exp								
13				Blue Card	#				\$	\$	\$	\$	
				Non-Member (W)	Exp								
14				Blue Card	#				\$	\$	\$	\$	
				Non-Member (W)	Exp								
15				Blue Card	#				\$	\$	\$	\$	
				Non-Member (W)	Exp								
TOTALS:													

SHEET _____ of _____ SHEET(S) _____

GATE KEEPER (please sign to confirm the accuracy of this Sheet)