

AUTHORIZATION REQUEST TO USE THE SCA, INC. ONLINE EVENT REGISTRATION SYSTEM (SCARS)

PLEASE FILL IN THE BOXES THAT APPLY TO YOUR EVENT.

Name of the Event			Short Name of Event	
Date of Event			Event Start Time	End Time
Kingdom (Primary)			Name of Hosting Group (Secondary)	
Reservationist Legal Name (Gate)			Reservationist Email	
Event Steward Legal Name (Event Coordinator)			Event Steward Email	
Seneschal Legal Name (Event Coordinator)			Seneschal Email	
Local Exchequer Legal Name			Exchequer email address	
Local Exchequer Phone #			Group Name & Address where to send the check	

PLEASE USE MEMBER RATES FOR ADULTS

- \$5 NMR WILL AUTOMATICALLY BE ADDED FOR NON-MEMBERS WITH NON-DISCOUNTED RATES.

Registration Open Date			Final Registration Date	
Early Registration Date			Early Registration MEMBER Rate	
Final Registration Date			Final Registration MEMBER Rate	
Child – Age range and Rate 1			Child Age range and Rate 2	
First Date to Cancel Registration		Early Cancellation Fee	Final Date to Cancel registration	Late and Final Cancellation Fee
Family Cap – Site Only			Family Cap – Site and Feast	
Family Cap – Site, Feast and Lodging			MAX # OF EVENT ATTENDEES	

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Cabin – Top Bunk – per night		Bed Limit			Cabin – Bottom Bunk – per night		Bed Limit	
Cabin – Top Bunk – Weekend		Bed Limit			Cabin – Bottom Bunk – Weekend		Bed Limit	
Tent Camping (Primitive) - Price per night		Limit			Tent Camping (Electric) - Price per night		Limit	
RV Camping – Per Night		Space Limit			RV Electric Hookup		Limit	
Friday Feast		Seat Limit			Saturday Breakfast		Seat Limit	
Saturday Lunch		Seat Limit			Saturday Feast		Seat Limit	
Sunday Breakfast		Seat Limit			Sunday Lunch		Seat Limit	
Sunday Feast		Seat Limit			Merchant Tables		Table Limit	
Horse Stall – per night		Limit			Stall Electric Hookup		Limit	

Financial committee of the local group needs to verify that the local group is supportive of using the SCA Online Reservation System (SCA-rs) and that the revenue received will be minus the 3% transaction fees.

Date of approval of financial committee: _____

Seneschal (Legal Name): _____
Print Signature

Please email this form to your Kingdom e-Pay Deputy in charge of SCA-rs _____ and cc your Kingdom Exchequer _____. If available, please also send a copy of the approved event flyer with the pricing structure.

Please add your event web link: _____

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: _____

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Event Staff Comp List - REQUIRED

Modern Name	SCA Name	Staff Event Role	Member Number

Royalty/Nobility Comp List - REQUIRED

Legal Name	SCA Name	Which Kingdom Royalty	Member Number