

Bardic Madne<< XIV: Toom Tabard

December 1, 2012
Mail-in Registration Form

| Registration Fees | | |
|-------------------|-----------------|----------------------|
| Adult, Site Only | Adult, Feast | Non-member Surcharge |
| Age 6-17 | Age 6-17, Feast | Merchant Fee |

Fill in this form electronically and the payment will be calculated for you:

| Mundane Name | SCA Name | Adult/ Minor | Feast | Not SCA Mem- ber | Total |
|--|----------|----------------------|--------------------------|------------------------------|-------|
| | | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | Subtotal | |
| Merchants check this box (and see Notes below) | | | | <input type="checkbox"/> Fee | |
| | | | | Pay This Amount | |

Group Spokesman (contact for registration issues)

Mundane Name

Contact (email/phone preferred)

Notes

This form is for postal mail only. Although you can fill out the form on your computer, it should not be transmitted electronically.

Reservations will be held under the individual's mundane last name.

Merchants: Your merchant fee should be sent with registration to the registrar listed to the right. Questions can be addressed to the merchant coordinator listed on the web site.

If the form does not work properly on your computer, you may print it and fill it in manually. In this case, please notify the form creator as well:

llew@no-gorsedd.com

Mailing Instructions

Make checks payable to **SCA - Barony of the Clefthlands** and mail with this form to:

Ann Wisnieski
11003 Elmwood Ave.
Garfield Hts, OH 44125

If your pre-registration is not received by the event date, you will be charged at the door and your check will be returned or destroyed.

For further details see the web site:
<http://no-gorsedd.com/bmxiv/>

For Gatekeeper Use Only: Date Received: ____/____/____ Check No: _____ Amount: _____

Total non-members: _____

Use reverse side for notes (e.g., handicapped-access requirements)