

Northern Oaken War Maneuvers XVI

June 8-10, 2012
Mail-in Registration Form

Registration Fees		
Adult, Site Only	Non-member Surcharge	Family Maximum
Under 18	Merchant Fee	

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

Mundane Name	SCA Name	Adult/ Minor	Fam- ily Mem- ber	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					
Family Maximum Adjustment					
Merchants check this box (and see Notes below) <input type="checkbox"/> Fee					
Pay This Amount					

Group Spokesman

Mundane Name

Contact (email/phone preferred)

Notes

This form is for postal mail only.

If you need to use multiple forms, please be sure all family members appear on one form so the the Family Maximum is calculated correctly.

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

Merchants: You must also fill out a Merchant Description Form; see the event web site (under Mailing Instructions to the right).

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:

Ellen Robinson
3964 W. 160th St.
Cleveland, OH 44111

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/nowmxvi/>

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

Total non-members: _____

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