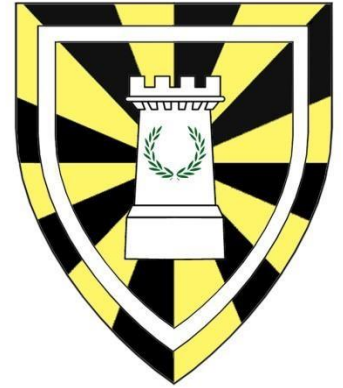


Barony of Endewearde

Event Pre-Registration



Please fill out this form if you are making a Pre-Registration for an Event put on by the Barony of Endewearde.

Name of the Event: East Kingdom Twelfth Night

Please Print:

Legal Name: _____ **SCA Member No.** _____
Last First

Be prepared to show proof of membership at gate.

Mailing

Address: _____
Street City State Zip

E-mail address for confirmation: _____

Phone Number: _____

Participants	Number	Fee	Total
Number of Adults (ages 18+) Gate Fee*		10.00	
Number of Youth (ages 6-17) Gate Fee*		10.00	
Number of Children (ages 0-5) Gate Fee*		Free	
Total			
If you are participating in feast			
Number of Adults (18+) Feast Fee		20.00	
Number of Youth & Children (ages 6-17) Feast Fee		10.00	
Number of Children (ages 0-5) Feast Fee		Free	
Total			
Number of Adult Non Member*		@\$5.00	
Grand Total			

* Appropriate waivers need to be signed at gate

PLEASE MAKE CHECKS PAYABLE TO: SCA-MAINE, INC. ENDEWEARDE

Special needs and or Notes: _____

Additional Preregistration (do not include yourself):

Legal Name

Last, First _____ SCA Member No. *** _____

Circle one Age: Child (0-5)* Age: Youth (6-17) Age: Adult (18+)

Legal Name

Last, First _____ SCA Member No. *** _____

Circle one Age: Child (0-5)* Age: Youth (6-17) Age: Adult (18+)

Legal Name

Last, First _____ SCA Member No. *** _____

Circle one Age: Child (0-5)* Age: Youth (6-17) Age: Adult (18+)

Legal Name

Last, First _____ SCA Member No. *** _____

Circle one Age: Child (0-5)* Age: Youth (6-17) Age: Adult (18+)

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Last, First _____ SCA Member No. *** _____

Circle one Age: Child (0-5)* Age: Youth (6-17) Age: Adult (18+)

Legal Name

Last, First _____ SCA Member No. *** _____

Circle one Age: Child (0-5)* Age: Youth (6-17) Age: Adult (18+)

Legal Name

Last, First _____ SCA Member No. *** _____

Circle one Age: Child (0-5)* Age: Youth (6-17) Age: Adult (18+)

*** Be prepared to show proof of Membership at gate.

Any Questions, Please email the Registration Clerk, Lady Audrye Beneyt at audrye.beneyt@gmail.com

Mail this completed for with your check to:

Danielle Hunt
28 Dirigo Dr
Bangor, ME 04401

Reservation Clerk use Only:

Check # _____ Amount of Check _____ Date Check Rec'd _____

Date transferred to Exchequer for Deposit: _____

Notes: