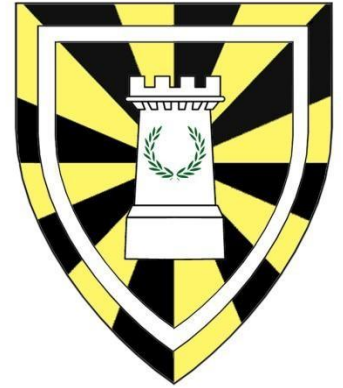# Barony of Endewearde
Event Pre-Registration

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: *Feast of St. Sylvester / A&S Championship*

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	
Number of Youth (ages 6-17) **Gate Fee***		@ $10	
Number of Children (ages 0-5) **Gate Fee***		Free	
		Total	
If you are participating in feast			
Number of Adults (ages 13+) **Feast Fee**		@ $10	
Number of Youth & Children (ages 0-12) **Feast Fee**		@$3	
		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+)

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+)

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

Any Questions, Please email the Registration clerk, Frouva Halldis Ulfsdottir at Shannon.Moretto@jax.org

Mail this completed form with your check to:

Shannon Moretto
102 Fruit Street
Bangor, Me 04401

Reservation Clerk use Only:
Check #_____   Amount of Check_____   Date Check Rec'd_____ Date transferred to Exchequer for Deposit:_____ Notes: