

# North Oaken Regional Arts and Sciences Faire

April 14, 2012  
Mail-in Registration Form

Registration Fees		
Adult, Site Only	Adult, Feast	Non-member Surcharge
Under 18	Under 18, 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"/>	
		<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.

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:

Jeff Reid  
1974 E 226th St.  
Euclid, OH 44117

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/noras/>

**For Gatekeeper Use Only:** Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check No: \_\_\_\_\_ Amount: \_\_\_\_\_

Total non-members: \_\_\_\_\_

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