

Royal University of the Midrealm

November 2, 2013
Mail-in Registration Form

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

Registration Fees

Adult, Site Only	Adult, Feast	Merchant Fee (Base)
Under 18, Site Only	Youth (ages 8-17) Feast	Additional Tables
Non-member Surcharge	Under age 8 Feast	

Mundane Name	SCA Name	Age	Feast	Non Member	Site	Feast	NMS	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"/>				
Subtotal								

Merchants ONLY (see Notes below)					
Name of Your Business	Merchant SCA Name	Mundane	Tables Req	Per Table	Total
Number of Additional Tables (one is provided with merchant fee)					
Subtotal					

Grand Total - Include check for this amount	
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Group Spokesman

Mundane Name

Contact (email/ preferred)

Notes

This form is for postal mail only.
Reservations will be held under the individual's mundane last name.
Merchants: You must also contact the Merchant Coordinator:
Tarmach ben Yehuda al-Khazari (Richard Mandel)
rsmandel@wowway.com
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
For further details see the web site:
<http://no-gorsedd.com/rum2013/>

Mailing Instructions

Make checks payable to **SCA - Barony of the Cleftlands** and mail with this form to the Gatekeeper:
Dorothea Wever (Debbie Senger)
Barony of the Cleftlands
P.O. Box 21201
South Euclid, OH 44121-0201
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 Gatekeeper Use Only: Date Received: ___/___/___ Check No: _____ Amount: _____
Adult non-members:

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