

NON-MEMBER SURCHARGE SUBMISSION FORM

SCA Branch: _____

Event Name: _____

Total Number Adult Member Attendees	
Total Number Adult Non-Member Attendees	
Total Number Child Reduced Attendees	
Total Attendees	
Total Non-Member Surcharge Attendees	

Total NMS Amount _____

NMS Check # _____

Date Sent _____

Note: This is recorded as a Transfer to Another SCA Group

I am recording it as: Xfer Inkingdom

Xfer Out of Kingdom

You should record as: Rcv'd Inkingdom

Rcv'd Out of Kingdom

Sender Name: _____

Sender Address: _____

Sender Address: _____

Contact Info: _____

SCA Name: _____