

**THE SOCIETY FOR CREATIVE ANACHRONISM INC
KINGDOM OF TRIMARIS**

NON-MEMBER SURCHARGE SUBMISSION FORM

Branch: _____

Name of Event: _____

Date: _____

Check Number: _____

Event Date # of Attendees # Non-Members Amount Transferred

1. The amount transferred to Kingdom will be the number of non-members in attendance times \$10.00 (ten dollars).
2. The transfer must be sent no later than 10 days after the last day of the event.
3. Please make the check payable to "SCA Kingdom of Trimaris".
4. This form will act as the "Transfer to Another SCA Account Form".
5. The transaction should be recorded as a transfer out, within-Kingdom.
6. The Kingdom Exchequer will forward all funds to the Corporate Office.

Sender's Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____

SCA Name: _____

Copy: Kingdom Exchequer
Exchequer file