



ACCEPS
 (Ansteorra Credit Card Event Payment System)
Application for Event Registration



Please complete and send with a \$15 Branch check made out to SCA Inc. ACCEPS to:
 Terri Busa
 14201 Brushwood Drive
 Willis, TX 77318

Kingdom: _____ **On Kingdom Calendar**
Host Branch: _____ Check One (for NMS Determination)
 YES ___ NO ___

Name of Event: _____
Event Start Date: _____ **Event End Date:** _____
Event Physical Location: _____
Event Web Site: _____

Event Stewart/Autocrat SCA Name _____
 Modern Name _____
 Phone Number _____ Post: YES ___ NO ___
 Please No Calls After Time _____ Time Zone _____
 E-Mail _____ Post: YES ___ NO ___

Check One: SCA Name _____
Event Registrar _____ Modern Name _____
Co Stewart/Autocrat _____ Phone Number _____ Post: YES ___ NO ___
 Please No Calls After Time _____ Time Zone _____
 E-Mail _____ Post: YES ___ NO ___

- Additional Contact People may be listed (no limit). Please list additional contacts at the end of the application (attach additional pages if necessary).
- ALL information will be included on the event page unless otherwise indicated above.

REFUND POLICY: Select Suggested Policy and/or add your own

- All refunds must be requested of the host branch and will be issued by a check from that branch.
 The ACCEPS processing fee is non-refundable.
 _____ Refunds may be requested until: _____ (date)
 _____ Feast fees are non-refundable.
 _____ Feast fee refunds may be requested prior to the event
 _____ No Refunds

Branch Treasurer
(for check disbursal)

SCA Name _____
 Modern Name _____
 Mailing Address _____
 City, State Zip Code _____
 Phone Number (evening) _____
 E-Mail _____

FEES: Select all fees that apply. Add additional information as applicable

Registration Start Date: _____ Registration End Date: _____

Select	Fee Name (suggested)	Pre-Pay Price	Upper Age Limit	Lower Age Limit	Quantity Available
	Site: Full Price				
	Minor Site				
	Child Site				
	Infant Site				
	Feast: Full Price				
	Child Feast				
	Family Max				

Approvals: Please Print E-Mail addresses Legibly as they will be used to contact you for final approvals.

Branch Seneschal: Signature: _____ E-Mail: _____
 Branch Treasurer: Signature: _____ E-Mail: _____
 Event Steward/ Autocrat: Signature: _____ E-Mail: _____

Additional Comments (extra contact people, additional data distribution needs, etc)

For ACCEPS use only

Postmarked: _____ Group: _____
 Check Date: _____ Check #: _____ Check Amt: _____

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