

Branch Seneschal's Event Report Form

PLEASE PRINT OR TYPE! This report is due within four weeks after the event.

Branch Name: _____

Principal City/Area: _____

Name of the Event: _____

Date of the Event: _____

Site for the Event: _____

Local Seneschal's SCA Name: _____

Autocrat's SCA Name: _____

Autocrat's Modern Name: _____ Phone: _____

Address: _____

Income (total amount received): _____

Expenses - site: _____ Other: _____

Profit or Loss: _____

Comments or Remarks:

Seneschal's Signature

Autocrat's Signature