

## REQUEST FOR AUTHORIZATION TO USE PAYPAL AT EVENTS FORM

Event Nar	me:		
Name of Group			Adult Event Pre-Registration (for non-members)
Date of Event		DayTrip	
Local Exchequer Name		Weekend	
Contact phone number		Feast	
Contact email:		Additional Fees:  Type:	
Mailing address of where to send check		Additional Fees:	
Reservationist's email:		There is a \$10 discoun	t from the above site prices for members
Reservations Open Date:	_Reservations Close Da	ate:	Please avoid Fri & Sat
Number Feasts to be sold on PayPal: _ 	Number of C	Cabin Beds to be sold	on PayPal:
Website Set-Up (Please Circle Options to In	nclude)		
Reservation Type: Day Trip Week	end- Cabin Wee	ekend-Tent	
Are Parking Permits Required: Yes	No		

If you wish to offer on PayPal: Cost per Vehicle: \_\_\_\_\_

	cal group needs to verify that the local group is supportive of using PayPal
	ninus the transaction fee. Please sign below to indicate support
• •	al committee:
Seneschal:	SCA Name:
Signature:	······
Exchequer:	SCA Name:
Cianatura	
Signature:	
	th the pricing structure along with this form to: epay@meridies.org
Please send a copy of the flyer w	
Please send a copy of the flyer w	th the pricing structure along with this form to: <b>epay@meridies.org</b> contact the Kingdom ePay Deputy Exchequer at either the above email address or