

**ALL Mail-In Pre-REGISTRATION including a FEAST or a "Pod" BED  
MUST be POSTMARKed By Tuesday, September 6**

Crystal Ball  
XXXVII

Mail-In  
Pre-Registration

1=Line Fill in a form for EACH Person Registering.  
 2 If you are not able to print & include this form with your mailed check, please let us know via email  
 3 <shatteredcrystal.exchequerATmidrealmDOTorg>

4 Mundane Name: \_\_\_\_\_  
 5 SCA Name: \_\_\_\_\_

Priority for Feast or Beds will be decided  
by date Received & date Postmarked.

6 SCA Member #: \_\_\_\_\_ Membership Expiration Date: \_\_\_\_\_

7 **Contact** \* Info For this/these Reservation(s) How many people are you paying for? \_\_\_\_\_ / Just me

8 \* Mundane NAME of Person PAYING ( IF different from above): \_\_\_\_\_

9 \* Communication Preference , Circle & Provide Whichever is Most Reliable=> \_\_\_\_\_ \* Email: \_\_\_\_\_ &/OR \* Cellphone: \_\_\_\_\_  
 10 \_\_\_\_\_ \* If Cell, Is Texting OK? \_\_\_\_\_

11 In case we need to \*CONTACT you about your reservation, if an item is sold out, or if you are arriving after 9pm on Friday night.

Check Choice	SITE	Price Each	Amount Owed
<input type="checkbox"/>	site-Adult, Non-Member Registration	\$ 22	\$ _____
<input type="checkbox"/>	site-Adult, SCA-Member Registration	\$ 17	\$ _____
<input type="checkbox"/>	site-Minor, age 7-17 yrs. old	\$ 10	\$ _____
<input type="checkbox"/>	site-Minor, age 0-6 yrs. old	free	\$ _____
<input type="checkbox"/>	site-Staff (pre-approved only)	\$ 10	\$ _____
<input type="checkbox"/>	Musicians/Teachers (pre-approved only)	\$ 10	\$ _____

19 **MEALS** (Breakfast will be available, no charge)

<input type="checkbox"/>	Lunch	\$ 5	\$ _____
<input type="checkbox"/>	Feast, per seat	\$ 18	\$ _____
<input type="checkbox"/>	Children's Dinner (Served in a separate location from feast, activities included.)	\$ 10	\$ _____

23 **OVERNIGHT Stay (All Ages, Anywhere On Site):**

<input type="checkbox"/>	Friday Night, October 21	\$ 10	\$ _____
<input type="checkbox"/>	Saturday Night, October 22	\$ 10	\$ _____

26 **TOTAL** Owed for This REGISTRANT: \$ \_\_\_\_\_

27 **Bed PREFERENCES** (if available):  "POD"-Dorm  OPEN-Dorm  Other/Tent  
 28  TOP Bunk Woodside Dorm Lakeside Dorm  
 29  BOTTOM Bunk  Bottom (Necessary)

30 If Bottom Bunk is Necessary, please provide a reliable method to \*Contact you. That way if a  
 31 bottom bunk is not available, we'll be able to work out a way to accommodate you.

32 **NOTES:** \_\_\_\_\_  
 33 **TOTAL** Amount **ENCLOSED:** \$ \_\_\_\_\_

34 \* At Gate (Troll), pre-registrations will be listed under the Mundane Last Name of paying person.  
 35 **If you might arrive after 9pm on Friday night, Email us your contact info, please.**  
 36 **That way we can work out a way to help you locate the bed(s) reserved for you.**

37 <shatteredcrystal.exchequer@midrealm.org>

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38 **MAIL** Completed Form & Check to : Jo Fuchs, 6429 Old St Louis Rd, Belleville, IL 62223  
 Make check payable to: SCA-IL, Barony of Shattered Crystal