



Send to: NMS Submissions Deputy  
please see your Crier (listed under Kingdom Seneschal staff) for latest information

BRANCH		PRINCIPALITY		
DATE SUBMITTED		CHECK (CHEQUE) NUMBER		
MODERN NAME OF SENDER		SCA NAME OF SENDER		
MAILING ADDRESS	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	
EMAIL ADDRESS OF SENDER		PHONE NUMBER (WITH AREA CODE)		
		<input type="checkbox"/> DAY <input type="checkbox"/> EVENING		

EVENT DATE	EVENT NAME	TOTAL OVERALL ATTENDANCE	NO. OF NON-MEMBER FEES COLLECTED	AMOUNT SUBMITTED
<b>TOTAL</b>				

Please enter submissions in your branch records as an Intra-Kingdom Transfer.