Print Gate Sheets

Enter the Name of this Book
A B or even Red

First Page #

Last Page #

Gate / Sign in Sheet
Revised Jan 22, 2009

Event: ______________________ **Date:** ______________________

Make Checks Payable to

SCA Inc. - ______________________

	Adult			& Under	Family Max	Cabin
Site Fee:				**Free**		
Feast Fee:				**Free**		

SCA Name	Legal Name	Branch	Age (if under 21) and Parent/Guardian Name		Total	Cabin Fee	Feast Fee	Site Fee	Member # or NMS $	Blue Card or Waiver
				☐ Cash / Ck#	$	$	$	$	☐ NMS $3 / #	☐ Waiver / ☐ Blue Card
				☐ Cash / Ck#	$	$	$	$	☐ NMS $3 / #	☐ Waiver / ☐ Blue Card
				☐ Cash / Ck#	$	$	$	$	☐ NMS $3 / #	☐ Waiver / ☐ Blue Card
				☐ Cash / Ck#	$	$	$	$	☐ NMS $3 / #	☐ Waiver / ☐ Blue Card
				☐ Cash / Ck#	$	$	$	$	☐ NMS $3 / #	☐ Waiver / ☐ Blue Card
				☐ Cash / Ck#	$	$	$	$	☐ NMS $3 / #	☐ Waiver / ☐ Blue Card
				☐ Cash / Ck#	$	$	$	$	☐ NMS $3 / #	☐ Waiver / ☐ Blue Card
				☐ Cash / Ck#	$	$	$	$	☐ NMS $3 / #	☐ Waiver / ☐ Blue Card
				☐ Cash / Ck#	$	$	$	$	☐ NMS $3 / #	☐ Waiver / ☐ Blue Card
				☐ Cash / Ck#	$	$	$	$	☐ NMS $3 / #	☐ Waiver / ☐ Blue Card
				Total $	Cabin $	Feast $	Site $		# of NMS ____ at $3 = $	Column Totals

Page ____ of ____ **Totals for this page**

Site Count # Adults ____ ____ & Under ____

Feast Count # Adults ____ ____ & Under ____

Cabin Count # Adults ____ ____ & Under ____

Counts are for this page

Shift ______________________