

EVENT:

Date:

#	Membership		Legal Name	SCA Name	Day board	Adult	Youth 6-17	Child 5 & under	Waiver	
	If "Not a Member" NMS must be applied!								For White card, Other & Non Member	
1	<input type="checkbox"/> Blue	Membership #:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor
2	<input type="checkbox"/> White/Other	Membership #:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor
3	<input type="checkbox"/> Not a member	Membership #:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor
4	<input type="checkbox"/> Blue	Membership #:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor
5	<input type="checkbox"/> White/Other	Membership #:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor
6	<input type="checkbox"/> Not a member	Membership #:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor
7	<input type="checkbox"/> Blue	Membership #:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor
8	<input type="checkbox"/> White/Other	Membership #:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor
9	<input type="checkbox"/> Not a member	Membership #:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor
10	<input type="checkbox"/> Blue	Membership #:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor
11	<input type="checkbox"/> White/Other	Membership #:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor
12	<input type="checkbox"/> Not a member	Membership #:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor
13	<input type="checkbox"/> Blue	Membership #:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor
14	<input type="checkbox"/> White/Other	Membership #:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor
15	<input type="checkbox"/> Not a member	Membership #:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor
Totals:										

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