



Event Name / UTR Session			
SCA Name		Modern Name	
Street Address		City	Prov/State Postal/ZipCode
Phone	Email		

	CLASS NAME	DAY	TIME	CLASS COST	UTR USE ONLY
1				\$	
2				\$	
3				\$	
4				\$	
5				\$	
6				\$	
7				\$	
8				\$	
9				\$	
10				\$	
11				\$	
12				\$	
TOTAL CLASS COST				\$	

UNIVERSITY USE ONLY

Payment Amount Received \$	Date Received	Received By
Method <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order		
Refund \$	Date Refund Issued	Refund Method
Reason for Refund		
Notes		