





PRINCIPALITY OF CYNAGUA  
EVENT REPORT FORM



Waivers

**Person who took possession of the site waivers for the event:**

SCA Name	Legal Name
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**Person responsible for forwarding waivers to Kingdom:**

SCA Name	Legal Name
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Date waivers were forwarded to Kingdom: \_\_\_\_\_

Verified by (Legal name): \_\_\_\_\_

**Event Expenses** (not required if an Exchequer report is filed for this event)

EXPENSE	AMOUNT
Advertising (includes Page copy)	
Equipment Rental & Maintenance	
Food	
General Supplies	
Insurance	
Occupancy & Site Charges	
Postage & Shipping, P.O. Box Rental	
Printing & Publications (includes site handouts)	
<b>TOTAL EXPENSES</b>	

If an Exchequer Report was filed for this event, check here:

Comments:

**Event Report completed by (if different from Autocrat):**

SCA Name	Legal Name
Mailing Address	Telephone
	E-Mail Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date