

Kingdom of Meridies
Reporting Form for Local Ministers of Arts and Sciences

Group: _____

Seneschal's SCA Name: _____

Seneschal's Mundane Name: _____

Seneschal's Phone/E-mail: _____

Your local seneschal *must* receive a copy of this report.

<i>This report covers the period (circle one):</i>		
First Quarter	(Jan, Feb, Mar)	due April 21
Second Quarter	(Apr, May, Jun)	due July 21
Third Quarter	(Jul, Aug, Sep)	due October 21
Fourth Quarter	(Oct, Nov, Dec)	due January 21
YEAR: _____		

Officer's SCA Name: _____

Officer's legal name: _____

E-Mail Address (if any): _____

Street address: _____

City/State/ZIP Code: _____

Phone: _____ Membership type: _____

Membership number: _____ Expiration date: _____

Please use this cover sheet for every quarterly report, noting all changes in address or membership status.

If the Regional Reporting Deputy accepts reports via e-mail, you may send them a message that contains your report

Thank you very much for your continued service to Meridies!

