

A Ethelmearc Seneschallate Report Form

Quarter _____

Group _____ **Date:** _____

Members: Sustaining _____ **Other** _____ **Non-members** _____ **Total** _____

Officers (indicate changes, list vacancies):

Office **SCA Name** **Mundane Name**

Seneschal _____

Address, phone _____

Herald _____

Knight Marshall _____

Arts _____

Sciences _____

Exchequer _____

Lists _____

Chirurgion _____

Chronicler _____

Archery _____

Fence _____

Chatelaine _____

Other _____

Official Events

Title **Autocrat** **Date** **Attendance** **Profit/Loss**

Local Events

Title **Autocrat** **Date** **Attendance** **Profit/Loss**

Local Activities

Future Plans(events, demos, etc)

Title **Autocrat** **Date** **Location**

Please List problems, comments, or questions on back of sheet.

Signature of Reporting Officer _____

This form is due to your Regional Seneschal the 15th of each March, June, September, and December. Please be on time.