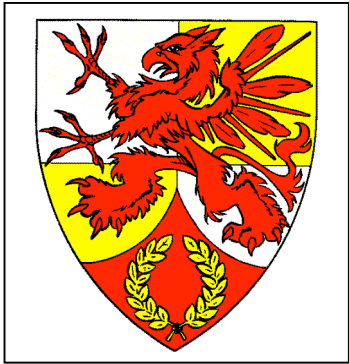


**PRINCIPALITY
OF AVACAL
STANDARDIZED
SENECHAL
REPORT**



Date report submitted: _____

Please Print	Principality Officer information:	Deputy Officer Information:
MUNDANE NAME	_____	_____
SCA NAME	_____	_____
ADDRESS	_____	_____
TELEPHONE #	_____	_____
E-MAIL ADDRESS	_____	_____
MEMBERSHIP # & EXR DATE	_____	_____
BRANCH NAME	_____	_____
MUNDANE LOCATION	_____	_____

NUMBER OF MEMBERS IN GROUP:
WITH MEMBERSHIP _____
WITHOUT MEMBERSHIP _____
APPROXIMATE TOTAL _____

GROUP ACTIVITY
(A brief description of group meetings, classes, practices, etc., indicate frequency and number of attendees)

EVENTS
(Indicate number of events held by group since last reporting period; include local events, demos, attendance, problems, solutions, etc.)

