

CDSNA ONE STOP FORM- ez -20220922 PAGE 1 – CDSNA STORE GOODS SALES REPORT & RECONCILIATION FORM

ATTN REGENTS: Regents are required to report any/all Store Goods sales. Maintaining accurate Store Goods records is a requirement of our CDSNA 501c3 status.

REGENT NAME:	REGENT PHONE:
REGENT EMAIL:	TODAY'S DATE:
FESTIVAL NAME:	DATE of FESTIVAL:

Regents will receive a 10% Commission on any Store Goods sold. Commissions can be reported on page 3 of the ONE STOP form.

DESCRIPTION OF ITEM	QUANTITY	TOTAL SALE
\$7 - Lapel Pin - Belted Heart of Bruce		\$
\$10 - Cookbook - The Douglas Larder		\$
\$20 - A Guide to Douglas Landmarks		\$
\$22 - Cap Badge - Heart of Bruce Pewter (CDSNA Exclusive design)		\$
\$22 - Kilt Pin - Sword-Heart of Bruce Pewter (CDSNA Exclusive design)		\$
\$20 - Women's Winged Heart T-Shirts - Adult S-2X - BLACK Only # sold of Size: M L XL 2X	Total # of WH T-shirts	\$
\$25 –Castle Dangerous T-Shirts - Adult S-3X (Men's Sizes) - NAVY Only	Total # of	
# sold of Size: S M L XL 2X 3X	T-shirts	\$
\$26 - Men's Golf Shirts - Adult - S-3X Embroidered Shield - in Blue (BL) or Green (GR) COLOR: BL GR BL GR	Total # of Golf Shirts	
# sold of Size S M L L # sold of Size XL 2X 3X L		\$
OTHER – Please List \$ Description:		\$
OTHER – Please List \$ Description:		\$
# sold of Size: S M L XL 2X 3X		
OTHER – Please List \$ Description:		\$
# sold of Size: S M L XL 2X 3X		
TOTAL COLLECTED	\$_	
REGENT ADDRESS: CITY: ST/PR:	ZIP:	



CDSNA **ONE STOP** FORM- ez -20220922 PAGE 2A – REPORT for SECRETARY

REGENT NAME:		REGENT PHONE:	
REGENT EMAIL:		TODAY'S DATE:	
FESTIVAL NAME:		DATE of FESTIVAL:	
REGENT ADDRESS:			
CITY:	ST/PR:	ZIP:	

Please record any membership sales in the appropriate boxes below.

There are separate reporting boxes for

NEW MEMBERS

and MEMBERS RENEWING.

NEW MEMBERS JOINING					
@ EVENT					
MEMBERSHI & AMOU		# of Type	DUES COLLECTED		
1-year	\$20		\$		
3-year	\$55		\$		
LIFE 59	\$300		\$		
LIFE 59/I	\$75		\$		
LIFE 60	\$200		\$		
LIFE 60/I	\$50		\$		
TOTALS \$					

MEMBERS RENEWING @ EVENT MEMBERSHIP TYPE # of DUES & AMOUNT COLLECTED Type \$ \$20 1-year \$ 3-year \$55 Ś LIFE 59 \$300 \$ LIFE 59/I \$75 LIFE 60 \$200 \$ \$ LIFE 60/I \$50 \$ TOTALS

TOTAL NEW MEMBER DUES COLLECTED and TOTAL RENEWING MEMBERS DUES COLLECTED sales totals are used as a check & balance against the **MEMBERSHIP INFO VERIFICATION FORM** on the next page. These two amounts are also reported on the ONE STOP FINANCIAL REPORT for TREASURER. The "LINE OPTIONS for the VERIFICATION FORM" box below and the "MEMBERSHIP INFO VERIFICATION FORM EXAMPLE" at the top of the next page are for use in completing the MEMBERSHIP INFO VERIFICATION FORM found on the following page. If you have any questions about how to complete the MEMBERSHIP INFO VERIFICATION FORM, please contact your Assistant VP (East or West) or the CDSNA Secretary. As with any form, PLEASE PRINT or word process.

LINE OPTIONS for the VERIFICATION Form				
MEM TYPE		PAYMENT		
N = New or	MEM OPTION	\$ AMT	PAY OPTION	
R = Renew				
N = NEW	1YR	\$20	CA = CASH	
R = RENEW	3YR	\$55	CH = CHECK	
	LF59		PP = PAYPAL	
	(Life mem UNDER	\$300	(directly to	
	60 yr old)		CDSNA acct)	
	LF59/I		SQ =	
	(Life Installments	\$75	SQUARE	
	under 60)		(directly to	
			CDSNA acct)	
	LF60			
	(Life mem 60 yr old +)	\$200		
	LF60/I			
	(Life Installments	\$50		
	60 yr old +)]	



CDSNA ONE STOP FORM- ez -20220922 PAGE 2B – REPORT for SECRETARY

REGENT NAME:	REGENT PHONE:
REGENT EMAIL:	TODAY'S DATE:
FESTIVAL NAME:	DATE of FESTIVAL:

MOTE TO REGENT: Please be sure to email copies of each NEW or RENEWING Member's Application Form to the Secretary when sending this report. The MEMBERSHIP INFO VERIFICATIONs below will allow the Secretary to contact the member in the event the Application Form is illegible or missing information.

MEMBERSHIP INFO VERIFICATION FORM EXAMPLES Ν 1 yr \$20 CA Douglas Another anotherdouglas@decimalpi.com 314 159 2635 Jack babyjj@goofmail.net 234 567 8901 R Ś55 SQ Jackson 3 yr Ν LF59/I \$75 СН Glendinning **Olivia Morton** OMG1212@awesome.me 997 633 2233 **MEMBERSHIP INFO VERIFICATION FORM** – Please fill & verify each field (This information is required by the CDSNA Secretary) PLEASE PRINT MEM TYPE (see below) **PAYMENT** (see below) LASTNAME FIRSTNAME & Middle EMAIL PHONE NEW or MEM PAY \$ AMT RENEW OPTION Option

ATTN REGENT: ACTIVE (dues current) MEMBERSHIP IS REQUIRED TO REMAIN A CDSNA REGENT.

IF YOU WOULD LIKE TO RENEW YOUR MEMBERSHIP AND PAY WITH A PORTION OF YOUR REGENT REIMBURSEMENT, BE SURE TO INCLUDE YOURSELF AS A RENEWING MEMBER IN THE FORM ABOVE. INDICATE THE <mark>\$ AMT</mark> OF YOUR CHOICE AND LIST "REIMB" IN THE PAY OPTION CELL.

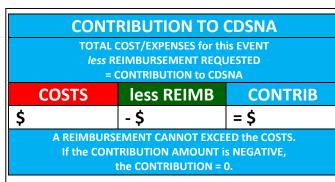
CDSNA ONE STOP FORM- ez -20221120

COSTS/EXPENSES			
Game/Tent Fees:	\$		
Lodgings:	\$ \$ \$ \$0.14 \$		
Meals:	\$		
Travel: Total # of Miles [] x \$	50.14 \$		
Other (describe):			
	\$		
Other (describe):			
	\$		
Other (describe):			
	\$		
Other (describe):			
	\$		
Other (describe):			
	\$		
Other (describe):			
	\$		
TOTAL COSTS/EXPENSES for Event	this \$		
REIMBURSEMENT & COMMISSION CDSNA allows a per event reimbursement of \$125. An additional \$100 may be claimed for a multi-day (2-4 full days) event, with CDSNA approval & at CDSNA discretion. (This amount is optional & related to your costs & expenses.)			
REIMBURSEMENT REQUESTED	\$		
STORE GOODS SALES COMMISSION (Commission = Total Sales x 10%)			
TOTAL STORE GOODS SALES =	\$		
COMMISSION	\$		
Amount to Regent (Reimbursement + Commission)	\$		

PAGE 3 – FINANCIAL REPORT for TREASURER

REGENT NAME:		REGENT PHONE:	
REGENT ADDRESS:			
CITY:	ST/PR	ZIP:	
REGENT EMAIL:			







CDSNA Regent Affirmation & Signature

Date: _____

I affirm that the information entered in these pages is true and correct, to the best of my abilities. I have read and accept the Payment Reconciliation Instructions. (Your typed signature, if sending digital copy)

(Signature of CDSNA Regent)

CDSNA Acknowledgement & Approval

Date: _____

Reimbursement Amount

Approved by:

(Signature of CDSNA Secretary)