

MIDDLE KINGDOM MARTIAL AUTHORIZATION TRACKING FORM

Armored Combat	Rapier	Equestrian	Archery	Other (please list)
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PARTICIPANT'S COPY

FIRST-TIME AUTHORIZATIONS: KEEP THIS FORM AS YOUR 45-DAY TEMPORARY AUTHORIZATION CARD
 PROVIDE ALL INFORMATION REQUESTED BELOW (PLEASE PRINT LEGIBLY AND FILL OUT BOTH HALVES OF THIS FORM)

S.C.A., Inc NAME	DATE		EQUESTRIAN USE ONLY
FULL MODERN NAME	EVENT		NAME OF HORSE
STREET ADDRESS			NAME OF OWNER
CITY	STATE/PROV	POSTAL CODE	MINOR'S USE ONLY
TELEPHONE	EMAIL ADDRESS		DATE OF BIRTH
I do affirm that I am a paid member of the Society for Creative Anachronism, Inc	LEGAL SIGNATURE		SIGNATURE OF PARENT/LEGAL GUARDIAN

STYLE (S) ATTEMPTED	AUTHORIZATION PARTNER (S)	LIST MANAGEMENT USE ONLY RESULTS: PASSED / FAILED

1ST AUTHORIZING MARSHAL (S.C.A., Inc & Modern Name) PLEASE SIGN BELOW	2ND AUTHORIZING MARSHAL (S.C.A., Inc & Modern Name) PLEASE SIGN BELOW
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Revised: 06/00

<SEPARATE FORMS HERE>

MIDDLE KINGDOM MARTIAL AUTHORIZATION TRACKING FORM

Armored Combat	Rapier	Equestrian	Archery	Other (please list)
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CLERK OF THE ROSTER'S COPY

SEND THIS FORM AND YOUR COMPLETED WAIVER TO THE CLERK OF THE ROSTER
 FIRST-TIME AUTHORIZATIONS: INCLUDE A SASE TO RECEIVE AN AUTHORIZATION CARD
 PROVIDE ALL INFORMATION REQUESTED BELOW (PLEASE PRINT LEGIBLY AND FILL OUT BOTH HALVES OF THIS FORM)

S.C.A., Inc NAME	DATE		EQUESTRIAN USE ONLY
FULL MODERN NAME	EVENT		NAME OF HORSE
STREET ADDRESS			NAME OF OWNER
CITY	STATE/PROV	POSTAL CODE	MINOR'S USE ONLY
TELEPHONE	EMAIL ADDRESS		DATE OF BIRTH
I do affirm that I am a paid member of the Society for Creative Anachronism, Inc	LEGAL SIGNATURE		SIGNATURE OF PARENT/LEGAL GUARDIAN

STYLE (S) ATTEMPTED	AUTHORIZATION PARTNER (S)	LIST MANAGEMENT USE ONLY RESULTS: PASSED / FAILED

1ST AUTHORIZING MARSHAL (S.C.A., Inc & Modern Name) PLEASE SIGN ABOVE	2ND AUTHORIZING MARSHAL (S.C.A., Inc & Modern Name) PLEASE SIGN ABOVE
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INSTRUCTIONS: If Participant passes, give them this whole, completed form.

Revised: 06/00

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REGIONAL MARSHAL'S COPY

SEND THIS TO THE REGIONAL EQUESTRIAN MARSHAL

PROVIDE ALL INFORMATION REQUESTED BELOW (PLEASE PRINT LEGIBLY AND FILL OUT BOTH HALVES OF THIS FORM)

S.C.A., Inc NAME		DATE	EQUESTRIAN USE ONLY
FULL MODERN NAME		EVENT	
STREET ADDRESS		NAME OF HORSE	
CITY		STATE/PROV	POSTAL CODE
TELEPHONE		EMAIL ADDRESS	DATE OF BIRTH
I do affirm that I am a paid member of the Society for Creative Anachronism, Inc		LEGAL SIGNATURE	SIGNATURE OF PARENT/LEGAL GUARDIAN

STYLE (S) ATTEMPTED	AUTHORIZATION PARTNER (S)	LIST MANAGEMENT USE ONLY RESULTS: PASSED / FAILED

1ST AUTHORIZING MARSHAL (S.C.A., Inc & Modern Name) PLEASE SIGN BELOW	2ND AUTHORIZING MARSHAL (S.C.A., Inc & Modern Name) PLEASE SIGN BELOW
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Revised: 06/00

<SEPARATE FORMS HERE>

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DEAN'S COPY

SEND THIS COPY TO THE DEAN OF THE EQUESTRIAN COLLEGE

PROVIDE ALL INFORMATION REQUESTED BELOW (PLEASE PRINT LEGIBLY AND FILL OUT BOTH HALVES OF THIS FORM)

S.C.A., Inc NAME		DATE	EQUESTRIAN USE ONLY
FULL MODERN NAME		EVENT	
STREET ADDRESS		NAME OF HORSE	
CITY		STATE/PROV	POSTAL CODE
TELEPHONE		EMAIL ADDRESS	DATE OF BIRTH
I do affirm that I am a paid member of the Society for Creative Anachronism, Inc		LEGAL SIGNATURE	SIGNATURE OF PARENT/LEGAL GUARDIAN

STYLE (S) ATTEMPTED	AUTHORIZATION PARTNER (S)	LIST MANAGEMENT USE ONLY RESULTS: PASSED / FAILED

1ST AUTHORIZING MARSHAL (S.C.A., Inc & Modern Name) PLEASE SIGN ABOVE	2ND AUTHORIZING MARSHAL (S.C.A., Inc & Modern Name) PLEASE SIGN ABOVE
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INSTRUCTIONS: If Participant passes, give them this whole, completed form.

Revised: 06/00