

FIGHTER AUTHORIZATION FORM KINGDOM OF MERIDIES

Please PRINT all information legibly

FIGHTER INFORMATION

SCA NAME: _____
SCA GROUP: _____
MUNDANE NAME: _____
ADDRESS: _____
PHONE: _____ e-MAIL: _____

MARSHAL INFORMATION

AUTHORIZING MARSHAL: _____ signature _____
of SCA GROUP: _____
OBSERVING CHIVALRY: _____ signature _____
MARSHAL in CHARGE at event/activity: _____
NAME of event/ACTIVITY: _____
SITE/LOCATION: _____ DATE: _____
WEAPON SYSTEM USED: _____

(If other than sword and shield, explain why)

TO RECEIVE A CARD

SCA MEMBERS send in a copy of this form, proof of current membership, and a SASE.

NON-MEMBERS send in a copy of this form, a combat waiver, and a \$25 check made payable out to Kingdom of Meridies, SCA Inc.

This information must be sent to the Kingdom Authorization Marshal within TWO MONTHS of authorization or it will not be honored.