YOUTH COMBAT
Adult Sparring Marshal Application

SCA Name:_____

MKA: _____

Address: _____

_____

Telephone: _____

E-Mail _____Group _____

Age: _____ # Years in Sca Combat: _____

_____
Legal Signature (applicant)

Authorized Heavy Weapons: YES NO
(Attach copy of Authorization Card)

Authorized Youth Combat Marshal: YES NO
(Attach copy of Youth Combat Marshal Warrant)

Youth Combat Marshal Recommendation:

_____

_____

_____

_____

_____Signature_____

APPROVED DISAPPROVED