

MIDDLE KINGDOM MARTIAL AUTHORIZATION TRACKING FORM

Secondary Authorizations

___ Armored Combat	___ Rapier Combat	Other (please list)
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KEEP THIS FORM AS YOUR 45-DAY TEMPORARY AUTHORIZATION CARD.

PROVIDE ALL INFORMATION REQUESTED BELOW (print legibly and submit to the Clerk of the Roster, rosterclerk@midrealm.org)

SCA NAME			DATE	
FULL MODERN NAME			EVENT	
STREET ADDRESS			HOME GROUP/BRANCH	
CITY	STATE/PROVINCE	POSTAL CODE	MINOR'S USE ONLY	
PHONE	EMAIL		DATE OF BIRTH	Parent/Guardian Name
I affirm that I am a paid member of the Society for Creative Anachronism, Inc.	LEGAL SIGNATURE		SIGNATURE OF PARENT/LEGAL GUARDIAN	
STYLES(S) ATTEMPTED		AUTHORIZATION PARTNER(S)		<u>LIST MANAGEMENT USE ONLY</u> RESULTS: PASSED / FAILED
1ST AUTHORIZING MARSHAL		2ND AUTHORIZING MARSHAL		
SCA & Modern Names (please print)		SCA & Modern Names (please print)		
SIGNATURE		SIGNATURE		

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