

YOUTH COMBAT PROGRAM MARSHAL AUTHORIZATION FORM

SCA Name: _____

Mundane Name: _____

Date of Birth: _____

SCA Group: _____

Date ___/___/___ Event _____

Address _____

City _____ State _____ Zip-code _____

Phone Number (____)-____-____ E-mail _____

Authorization For

___ **GYCM (Group Youth Combat Marshal)**
Background Check Expiration Date _____

___ **YCAM-W (Youth Combat Adult Marshal - Warranted)**
Background Check Expiration Date _____

___ **YCAM – AL (Youth Combat Adult Marshal – At Large)**

___ **YCM (Youth Combat Marshal, ages 13 through 17 yrs)**

GYCM observing

YCAM observing

Signatures of _____

Print Name: _____

Group of _____

COMMENTS