Fighter Authorization Form
Kingdom of Meridies
PLEASE PRINT ALL INFORMATION LEGIBLY

Type of Authorization (circle one): Armored Combat Combat Archery Siege Engineer

Fighter Information
SCA Name: __________________________________________________________
SCA Group: ________________________________________________________
Legal Name: _________________________________________________________
Address: ___________________________________________________________
Phone: __________________________ Email: _____________________________

Marshal Information
For all authorizations fill-in the information below

Authorizing Marshal (SCA name): _______________________________________
of SCA group: _______________ Signature: _____________________________
Name of Event/Activity: _______________________________________________
Site/Location: ______________________ Date: ___________________________
Marshal in Charge of event/activity: ____________________________________
Any additional information needed (for example, alternate authorization in other than sword and shield):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

For Armored Combat fill-in this additional information

Observing Chivalry (SCA name): _______________________________________
of SCA group: _______________ Signature: _____________________________

To receive your card
Send the following to the KINGDOM AUTHORIZATION MARSHAL within two (2) months of the date of authorization:
• SCA MEMBERS send in the original of this form, a copy of the front AND back of your signed membership card, and a Self-Addressed Stamped Envelope.
• NON-MEMBERS send in the original of this form, a SCA participation waiver, and a Self-Addressed Stamped Envelope.

Please be sure to retain a copy of the authorization form for your personal records.