

**YOUTH COMBAT PROGRAM
WARRANT REQUEST FORM - NEW MARSHAL**

SCA Name: _____

Mundane Name: _____

Address: _____

City: _____ **State:** _____ **Zip-code:** _____

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

SCA Group: _____

SCA Member Number: _____ **Expiration Date:** _____

Background Check Expiration Date _____

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**Activity Observed: (circle one) Event / Practice / Demo**      **Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Warrant Requested For:**

\_\_\_\_\_ **Group Youth Armored Combat Authorization Marshal**

\_\_\_\_\_ **Youth Armored Combat Authorization Marshal-At-Large**

\_\_\_\_\_ **Group Youth Rapier Authorization Marshal**

\_\_\_\_\_ **Youth Rapier Authorization Marshal-At-Large**

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COMMENTS

Signature of Approving Kingdom Youth Marshal: _____