

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

Warranted Marshal from a different group or Observing Chiv (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 your proof of membership, and a Self-Addressed Stamped Envelope.
- NON-MEMBERS send in the original of this form, an SCA participation waiver, and a Self-Addressed Stamped Envelope.

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