## Kingdom of Northshield Authorization Form

### Participant's Half

<table>
<thead>
<tr>
<th>Style Options</th>
<th>Youth Boffer Combat:</th>
<th>□</th>
<th>□</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armored Combat</td>
<td>6-9 yr Old</td>
<td>10-13 yr Old</td>
<td>14-17 yr Old</td>
<td></td>
</tr>
<tr>
<td>Rapier</td>
<td>Cut &amp; Thrust</td>
<td>Equestrian</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**First-Time Authorizees:** Keep this half of the form as your temporary authorization card. Provide all information requested below (please print legibly and fill out both halves of this form).

- **SCA Name**
- **Date**
- **Full Modern Name**
- **Event**
- **Name of Horse**
- **Street Address**
- **City**
- **State/Prov**
- **Postal Code**
- **Telephone**
- **Email Address**
- **Date of Birth**
- **Legal Signature**
- **Signature of Parent/Legal Guardian**

**Style(s) Attempted**

<table>
<thead>
<tr>
<th>Style(s)</th>
<th>Authorization Partner(s)</th>
<th>List Management Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>RESULTS: PASSED / FAILED</td>
</tr>
</tbody>
</table>

1st Authorizing Marshal (SCA & Modern Name) Please Sign Below

2nd Authorizing Marshal (SCA & Modern Name) Please Sign Below

### Instructions

**Marshal:** If participant passes, give them this whole, completed form. If participant does not pass, keep this form and send with event report.

**First-time Authorizees:** Mail this half of the form, and your completed waiver to the Clerk of the Roster. Once received your authorization card will be emailed to you.

**Advanced Form Authorizees:** Send this half of the form to the Clerk of the Roster. A scanned copy emailed to cor@northshield.org is acceptable.

Revised: 07/16