

KINGDOM OF NORTHSHIELD AUTHORIZATION FORM

PARTICIPANT'S HALF

<input type="checkbox"/> Armored Combat	<input type="checkbox"/> Rapier	<input type="checkbox"/> Cut & Thrust	<input type="checkbox"/> Equestrian
<input type="checkbox"/> Youth Boffer Combat: <input type="checkbox"/> 6-9 yr Old <input type="checkbox"/> 10-13 yr Old <input type="checkbox"/> 14-17 yr Old			

FIRST-TIME AUTHORIZES: 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	EQUESTRIAN USE ONLY
FULL MODERN NAME		EVENT	NAME OF HORSE
STREET ADDRESS			NAME OF OWNER
CITY	STATE/PROV	POSTAL CODE	MINOR USE ONLY
TELEPHONE	EMAIL ADDRESS		DATE OF BIRTH
LEGAL SIGNATURE			SIGNATURE OF PARENT/LEGAL GUARDIAN
STYLE(S) ATTEMPTED		AUTHORIZATION PARTNER(S)	<u>LIST MANAGEMENT USE ONLY</u> RESULTS: PASSED / FAILED
1ST AUTHORIZING MARSHAL (SCA & Modern Name) PLEASE SIGN BELOW		2ND AUTHORIZING MARSHAL (SCA & Modern Name) PLEASE SIGN BELOW	

Revised: 07/16

-----<SEPARATE HERE>-----

KINGDOM OF NORTHSHIELD AUTHORIZATION TRACKING FORM

CLERK OF THE ROSTER'S HALF

<input type="checkbox"/> Armored Combat	<input type="checkbox"/> Rapier	<input type="checkbox"/> Cut & Thrust	<input type="checkbox"/> Equestrian
<input type="checkbox"/> Youth Boffer Combat: <input type="checkbox"/> 6-9 yr Old <input type="checkbox"/> 10-13 yr Old <input type="checkbox"/> 14-17 yr Old			

PROVIDE ALL INFORMATION REQUESTED BELOW (PLEASE PRINT LEGIBLY AND FILL OUT BOTH HALVES OF THIS FORM)

SCA NAME		DATE	EQUESTRIAN USE ONLY
FULL MODERN NAME		EVENT	NAME OF HORSE
STREET ADDRESS			NAME OF OWNER
CITY	STATE/PROV	POSTAL CODE	MINOR USE ONLY
TELEPHONE	EMAIL ADDRESS		DATE OF BIRTH
LEGAL SIGNATURE			SIGNATURE OF PARENT/LEGAL GUARDIAN
STYLE(S) ATTEMPTED		AUTHORIZATION PARTNER(S)	<u>LIST MANAGEMENT USE ONLY</u> RESULTS: PASSED / FAILED
1ST AUTHORIZING MARSHAL (SCA & Modern Name) PLEASE SIGN BELOW		2ND AUTHORIZING MARSHAL (SCA & Modern Name) PLEASE SIGN BELOW	

Instructions	<p>Marshal: If participant passes, give them this whole, completed form. If participant does not pass, keep this form and send with event report.</p> <p>First-time Authorizes: 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.</p> <p>Advanced form Authorizes: Send this half of the form to the Clerk of the Roster. A scanned copy emailed to cor@northshield.org is acceptable.</p>
---------------------	---

Revised: 07/16