

# FIGHTER AUTHORIZATION FORM KINGDOM OF MERIDIES

Please PRINT all information legibly

## FIGHTER INFORMATION

SCA NAME: \_\_\_\_\_  
SCA GROUP: \_\_\_\_\_  
MUNDANE NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ e-MAIL: \_\_\_\_\_

## MARSHAL INFORMATION

AUTHORIZING MARSHAL: \_\_\_\_\_ signature \_\_\_\_\_  
of SCA GROUP: \_\_\_\_\_  
OBSERVING CHIVALRY: \_\_\_\_\_ signature \_\_\_\_\_  
MARSHAL in CHARGE at event/activity: \_\_\_\_\_  
NAME of event/ACTIVITY: \_\_\_\_\_  
SITE/LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_  
WEAPON SYSTEM USED: \_\_\_\_\_  
  
(If other than sword and shield, explain why )

## TO RECEIVE A CARD

SCA MEMBERS send in a copy of this form, proof of current membership, and a SASE.

NON-MEMBERS send in a copy of this form, a combat waiver, and a \$10 check made payable out to Kingdom of Meridies, SCA Inc.

This information must be sent to the Kingdom Authorization Marshal within TWO MONTHS of authorization or it will not be honored.