

APPLICATION FOR EAST KINGDOM YOUTH COMBAT AUTHORIZATION CARD

APPLICANT INFORMATION

Legal Name (Print): _____ Phone: () _____
SCA Name (Print): _____ Date of Birth: _____
Mailing Address: _____

AUTHORIZATION INFORMATION

Authorizing Marshal 1

Print SCA Name: _____ Sign Legal Name: _____

Authorizing Marshal 2

Print SCA Name: _____ Sign Legal Name: _____

Please circle all weapon forms that should appear on the Authorization Card: Is This Your First East Kingdom Authorization Card? YES NO

Sword and Shield Two Weapon Polearm Great Weapon

Authorization Date: _____

This authorization was done in accordance to the provisions of the East Kingdom Youth Combat Program. This authorization bout was attended and witnessed by the minor's Legal Custodian/Guardian as witnessed here.

By signing this form the Legal Custodian/Guardian acknowledges that the rules of the Youth Combat Program have been explained and that they give permission for the above stated minor to participate in this program and undergo the authorization process.

They also confirm that all questions were answered to their satisfaction regarding this program before this bout was conducted.

Print Legal Name: _____ (Legal Custodian/Guardian)

Sign Legal Name: _____ (Legal Custodian/Guardian)

Tear on dotted line below. Mail top portion to: Elizabeth Amick 1030 Wyandotte St. Bethlehem, PA 18015

Save this section of the form! This is your only proof of Authorization until your permanent card arrives!

Temporary Youth Combat Authorization Card

Legal Name: _____

SCA Name: _____

Authorizing Marshal I: _____

Authorizing Marshal II: _____

Authorization Date: _____

Weapon Forms

(check all forms circled on form above)

Sword and Shield

Two Weapon

Polearm

Great Weapon

**THIS TEMPORARY CARD EXPIRES 6 WEEKS
FROM THE AUTHORIZATION DATE**

