

Record of Additional Armored Combat Authorization

Legal Name: _____
SCA Name: _____
City/State/Province: _____
Zip/Postal Code: _____ Authorization Card #: _____
Authorizing Marshal I: _____
Authorizing Marshal II: _____
Today's Authorization Date: _____

Weapon Forms

(check as many as apply)

- Sword and Shield
- Two Weapon
- Spear
- Polearm
- Great Weapon
- Combat Archery
- Non Combat Participation
- Siege
- Marshal

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