MIDDLE KINGDOM MARTIAL AUTHORIZATION TRACKING FORM									
Armored Combat R	Rapier •	Eque	strian	• Ar	chery	•	Other (p	lease list)	
PARTICIPANT'S COPY									
FIRST-TIME AUTHORIZATI	ONS: KEE	P THIS	S FORN	/I AS Y	OUR 4	5-D <i>i</i>	AY TEMP	ORARY AU	THORIZATION CARD
PROVIDE ALL INFORMATION	ON REQU	ESTED	BELO	W (PLE	ASE PRII	NT LI	EGIBLY AN	D FILL OUT BO	TH HALVES OF THIS FORM)
SCA NAME	DATE	DATE					EQUESTRIAN USE ONLY		
FULL MODERN NAME	EVEN.	EVENT					NAME OF HORSE		
STREET ADDRESS							NAME OF OWNER		
CITY			STATE/PROV POSTAL CODE					MINOR'S USE ONLY	
TELEPHONE			EMAIL ADDRESS					DATE OF BIRTH	
I do affirm that I am a paid member of the Society for Creative Anachronism, Inc.			LEGAL SIGNATURE					SIGNATURE OF PARENT/LEGAL GUARDIAN	
STYLE(S) ATTEMPTED			AUTHORIZATION PARTNER(S)						LIST MANAGEMENT USE ONLY RESULTS: PASSED / FAILED
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SEND THIS FORM AND YO		LETE) WAIV	ER TO	THE C	LEI	RK OF TI	HE ROSTER	
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I do affirm that I am a paid member of the			LEGAL SIGNATURE					SIGNATURE OF PARENT/LEGAL GUARDIAN	
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INSTRUCTIONS: If Participant passes, give them this whole, completed form.

Revised: 05/00