APPLICATION FOR EAST KINGDOM EQUESTRIAN AUTHORIZATION CARD

APPLICANT INFORMATION

Legal Name (Print): _____ Phone: ( ) _____

SCA Name (Print): _____ Date of Birth: _____

Mailing Address: _____

Email Address: _____ SCA Membership # (if applicable) _____

AUTHORIZATION INFORMATION

Authorizing Marshal 1
Print SCA Name: _____ Sign Legal Name: _____

Authorizing Marshal 2
Print SCA Name: _____ Sign Legal Name: _____

Please circle all authorization levels that should appear on the Authorization Card:

REGULAR AUTHORIZATIONS: General Riding Mounted Games Driving

SPECIAL AUTHORIZATIONS: Mounted Archery Mounted Crest Combat Jousting

Authorization Date: _____ Membership # _____ Membership Exp date: _____

APPLICABLE STATE WAIVER MUST BE EXECUTED AND ATTACHED TO THIS FORM BEFORE AUTHORIZATION MAY TAKE PLACE.

Tear on dotted line below. Mail top portion and waiver to: Matt Cross: 355 Merriam Hill Road, Mason NH 03048
or transmit digitally to: equestrian@eastkingdom.org

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Save this section of the form! This is your only proof of Authorization. A roster will be kept with your authorization information on it. Check with the KEO if you have any questions or concerns.

Proof of Authorization

This is not an authorization card. Equestrian Authorizations are rostered by the Kingdom Equestrian Officer.

Legal Name: _____

SCA Name: _____

Authorizing Marshal I: _____

Authorizing Marshal II: _____

Authorization Date: _____

Authorization Levels

(indicate all levels circled on form above)

General Riding	☐	Mounted Archery	☐
Mounted Games	☐	Mounted Combat (Crest)	☐
Driving	☐	Jousting	☐