

APPLICATION FOR EAST KINGDOM EQUESTRIAN AUTHORIZATION CARD

APPLICANT INFORMATION

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

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:

General Riding

Mounted Games

Mounted Archery

Driving

Jousting

Mounted Combat (Crest)

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 to: Bethany A. Oesting: 405 S. 4th Ave, Royersford, PA 19468
or 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.

Temporary Equestrian Authorization Card

Legal Name: _____
SCA Name: _____
Authorizing Marshal I: _____
Authorizing Marshal II: _____
Authorization Date: _____

THIS TEMPORARY CARD EXPIRES 6 WEEKS FROM THE AUTHORIZATION DATE

Authorization Levels

(indicate all levels circled on form above)

General Riding	<input type="checkbox"/>	Driving	<input type="checkbox"/>
Mounted Games/Martial	<input type="checkbox"/>	Jousting	<input type="checkbox"/>
Archery	<input type="checkbox"/>	Mounted Combat (Crest)	<input type="checkbox"/>