



Kingdom of Artemisia

FOUR YEAR AUTHORIZATION

(1) This form must be sent to the Minister of the Marshallate Rolls. It may be sent by e-mail as a scanned *document*. No photographs will be accepted by e-mail. The form may also be photocopied and sent by mail and sent to the Minister of the Marshallate Rolls. The original document should be kept on file with the authorized person's **HOME** group. **Your Authorization Card is not valid until it has been received by the Minister of the Marshallate Rolls.** (rolls@artemisia.sca.org)

(☒) If the applicant is a minor, a completed "Minor's Consent to participate and Hold Harmless Agreement for Combat Related Activities", signed by the applicant's parent or legal guardian and by the authorizing marshal, **MUST** accompany this form. All minor authorizations must be completed by the Earl marshal, or by the Kingdom Deputy for that discipline.

SCA NAME		LEGAL NAME		DATE OF AUTHORIZATION (MM/DD/YYYY)			
ADDRESS			CITY		STATE	ZIP CODE	
BRANCH		EMAIL ADDRESS			PHONE (INCLUDE AREA CODE)		
SCA MEMBERSHIP #		MEMBERSHIP EXPIRY DATE (MM/DD/YYYY)		<input type="checkbox"/> MINOR PARTICIPANT (ANY DISCIPLINE)			

ARMORED COMBAT		RAPIER COMBAT		CUT & THRUST	
MARSHAL: <input type="checkbox"/>		MARSHAL: <input type="checkbox"/>		MARSHAL: <input type="checkbox"/>	
<input type="checkbox"/> WEAPON & SHIELD <input type="checkbox"/> TWO-HANDED		<input type="checkbox"/> SINGLE SWORD <input type="checkbox"/> SWORD & OFFENSIVE SECONDARY		<input type="checkbox"/> SINGLE SWORD <input type="checkbox"/> SWORD & OFFENSIVE SECONDARY	
<input type="checkbox"/> SPEAR		<input type="checkbox"/> SPEAR/PIKE/POLEARM <input type="checkbox"/> SWORD & DEFENSIVE SECONDARY		<input type="checkbox"/> TWO-HANDED SWORD <input type="checkbox"/> SWORD & DEFENSIVE SECONDARY	
PRINTED NAME & WARRANT # OF AUTHORIZING MARSHAL		PRINTED NAME & WARRANT # OF AUTHORIZING MARSHAL		PRINTED NAME & WARRANT # OF AUTHORIZING MARSHAL	
SIGNATURE OF WARRANTED MARSHAL		SIGNATURE OF WARRANTED MARSHAL		SIGNATURE OF WARRANTED MARSHAL	
PRINTED NAME OF AUTHORIZING PEER		PRINTED NAME OF AUTHORIZING PEER		PRINTED NAME OF AUTHORIZING PEER	
SIGNATURE OF AUTHORIZING PEER		SIGNATURE OF AUTHORIZING PEER		SIGNATURE OF AUTHORIZING PEER	

TARGET ARCHERY		EQUESTRIAN		SIEGE WEAPONS		MISSILE COMBAT	
MARSHAL: <input type="checkbox"/>		MARSHAL: <input type="checkbox"/>		MARSHAL: <input type="checkbox"/>		MARSHAL: <input type="checkbox"/>	
		<input type="checkbox"/> MOUNTED GAMES		<input type="checkbox"/> SIEGE CREW		<input type="checkbox"/> BOW & ARROW	
		<input type="checkbox"/> JOUSTING				<input type="checkbox"/> CROSSBOW	
PRINTED NAME & WARRANT # OF AUTH. MARSHAL		PRINTED NAME & WARRANT # OF AUTH. MARSHAL		PRINTED NAME & WARRANT # OF AUTH. MARSHAL		PRINTED NAME & WARRANT # OF AUTH. MARSHAL	
SIGNATURE OF WARRANTED MARSHAL		SIGNATURE OF WARRANTED MARSHAL		SIGNATURE OF WARRANTED MARSHAL		SIGNATURE OF WARRANTED MARSHAL	
		PRINTED NAME OF AUTHORIZING PEER		PRINTED NAME OF AUTHORIZING PEER		PRINTED NAME OF AUTHORIZING PEER	
		SIGNATURE OF AUTHORIZING PEER		SIGNATURE OF AUTHORIZING PEER		SIGNATURE OF AUTHORIZING PEER	

ARTEMISIA 3-25-2017

TOP PORTION OF THE FORM MUST BE SENT TO THE KINGDOM MINISTER OF THE MARSHALLATE ROLLS TO BE VALID

ARTEMISIA COMBAT AUTHORIZATION CARD - FIGHTER/MARSHAL MUST RETAIN BOTTOM PORTION. THIS IS YOUR PERMANENT CARD.

The individual authorized on this card affirms they have read the current combat manual for their discipline, and agrees to follow those rules.

ARTEMISIA COMBAT AUTHORIZATION CARD		ARTEMISIA 1/23/17	
SCA NAME		LEGAL NAME	
		EXPIRY DATE (MM/DD/YYYY)	
AUTHORIZING MARSHAL SCA NAME	ARMORED:		
	RAPIER:		
	CUT & THRUST:		
	TARGET ARCHERY:		
	EQUESTRIAN:		
	SIEGE WEAPONS:		
MISSILE COMBAT:			

ARMORED COMBAT	RAPIER COMBAT	MISSILE COMBAT
MARSHAL: <input type="checkbox"/>	MARSHAL: <input type="checkbox"/>	MARSHAL: <input type="checkbox"/>
<input type="checkbox"/> WEAPON & SHIELD	<input type="checkbox"/> SINGLE SWORD	<input type="checkbox"/> BOW & ARROW
<input type="checkbox"/> TWO-HANDED	<input type="checkbox"/> SWORD & OFFENSIVE SECONDARY	<input type="checkbox"/> CROSSBOW
<input type="checkbox"/> SPEAR	<input type="checkbox"/> SWORD & DEFENSIVE SECONDARY	
	<input type="checkbox"/> SPEAR/PIKE/POLEARM	
TARGET ARCHERY	CUT & THRUST	SIEGE WEAPONS
MARSHAL: <input type="checkbox"/>	MARSHAL: <input type="checkbox"/>	MARSHAL: <input type="checkbox"/>
	<input type="checkbox"/> SINGLE SWORD	<input type="checkbox"/> SIEGE CREW
	<input type="checkbox"/> SWORD & OFFENSIVE SECONDARY	
	<input type="checkbox"/> SWORD & DEFENSIVE SECONDARY	
	<input type="checkbox"/> TWO-HANDED SWORD	
		<input type="checkbox"/> MINOR PARTICIPANT (ANY DISCIPLINE)