MOL:					Event:				
RECORD OF AUTHORIZATION									
Date:				Current Authorization number:					
Legal Name				Date of Birth:					
SCA Name:									
City: State/Province:				Zip/Postal Code:					
Phone:	ΔΙΙΤΙ	IORIZING MA	 Shai 1	Email: AUTHORIZING MARSHAL II					
Print SCA Na		IOINIZINO IIIA	OTIAL I		Print SCA Name:				
Sign Legal Na	ame:				Sign Legal Name:				
Heavy	Heavy Single Rigid Parry Non-Rigid Parry				Case of Rapier	2 Handed Rapier	Cut & Thrust		
Light	Single	Rigid Parry	Non-Rigid Parry	Dagger Dagger	Case of Rapier			Marshal	
RECORD OF AUTHORIZATION									
RECORD OF ACTIONIZATION									
Date:					Current Authorization number:				
Legal Name				Date of Birth:					
SCA Name:									
City:			State/Province:	Zip/Postal Code:					
Phone: AUTHORIZING MASHAL 1					Email:  AUTHORIZING MARSHAL II				
Print SCA Name:					Print SCA Name:				
Sign Legal Na	ame:			Sign Legal Name:					
Heavy	Single	Rigid Parry	Non-Rigid Parry	Dagger	Case of Rapier	2 Handed Rapier	Cut & Thrust		
Light	Single	Rigid Parry	Non-Rigid Parry	Dagger	Case of Rapier			Marshal	
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Phone: AUTHORIZING MASHAL 1					AUTHORIZING MARSHAL II				
Print SCA Name:					Print SCA Name:				
Sign Legal Name:					Sign Legal Name:				
Heavy	Single	Rigid Parry	Non-Rigid Parry	Dagger	Case of Rapier	2 Handed Rapier	Cut & Thrust		
Light	Single	Rigid Parry	Non-Rigid Parry	Dagger	Case of Rapier	2 Handed Napiel	Jul & Hillust	Marshal	
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Mail to: Kate Crandall, EK Minister of Lists PO Box 5561, Colonie, NY 12205