

Kingdom of Trimaris

Combat-Related Activities

Authorization Information Form

(Print legibly or authorization will be rejected & returned)

Mundane Name: _____
(last) (first) (mi)

Address: _____ Apt: _____
(street, P.O. Box, etc)
 _____ / _____ / _____
(City) (County) (state) (zip)

Card #: _____
Date Received: _____
Date Issued: _____
Date Expired: _____
<small>(Official use only)</small>

Phone: (____) _____ - _____ Date of Birth: _____ E-mail: _____
(mm/dd/ccyy)

SCA Name: _____ Card #: _____
(Include titles, lord, sir, etc) (if already authorized)

Shire/Barony: _____ Household Affiliation: _____

Date of Authorization: _____ Place of Authorization: _____
(mm/dd/ccyy) (Event name/Practice/ etc....)

(To be completed by authorizing officials)

Type of Authorization: (required for all authorizations) SCA member # _____ Expiration Date _____
(Check only one) New Renewal Additional Styles (Check if under 18) Youth

Area of Authorization: (check only one) Armored Combat Rapier Combat Ranger

Authorized Styles/Activities: (check all that apply)

- | | | | |
|--|---|---|--|
| <p>Armed combat (A/C)</p> <p><input type="checkbox"/> Weapon/ Shield (W/S)</p> <p><input type="checkbox"/> Two weapons (TW)</p> <p><input type="checkbox"/> Two hand weapon (THW)</p> <p><input type="checkbox"/> Spear (SP)</p> <p><input type="checkbox"/> Combat Archery (C/A)</p> <p><input type="checkbox"/> Siege Weapon (SW)</p> | <p>Rapier Combat (R/C)</p> <p><input type="checkbox"/> Rapier Only (RO)</p> <p><input type="checkbox"/> Rapier Brace (RB)</p> <p><input type="checkbox"/> Defense second (D/S)</p> <p><input type="checkbox"/> Cloak (CL)</p> <p><input type="checkbox"/> Main Gauche (R/M)</p> <p><input type="checkbox"/> Schlager Only (SO)</p> <p><input type="checkbox"/> Schlager Brace (SB)</p> <p><input type="checkbox"/> Cut and Thrust (CT)</p> | <p>Marshaling (M)</p> <p><input type="checkbox"/> Armed Combat (ACM)</p> <p><input type="checkbox"/> Rapier Combat (RCM)</p> <p><input type="checkbox"/> Rapier/CutandThrust (CTM)</p> <p><input type="checkbox"/> Combat Archery (CAM)</p> <p><input type="checkbox"/> Siege Weapon (SWM)</p> <p><input type="checkbox"/> Youth Combat Marshal (YCM)</p> <p><input type="checkbox"/> Junior Youth Combat Marshal (JYCM)</p> | <p>Rangers (RG)</p> <p><input type="checkbox"/> Archery Ranger (AR)</p> <p><input type="checkbox"/> Thrown Weapons Ranger (TWR)</p> |
|--|---|---|--|

Authorizing Officials: Print SCA and sign mundane

(SCA name) (Mundane name) (Date)

(SCA name) (Mundane name) (Date)

Signatures for Authorization: For Armored combat, except of C/A, requires a member of the Chivalry and a warranted ACM or two member of the Chivalry. For C/A, an authorized CAM is required and a member of the Chivalry. For SW, an authorized SWM is required and a member of the Chivalry. For Rapier Combat, two warranted RCM. For Cut and Thrust, two warranted RCMs, one being a CTM. All marshal/Rangers authorizations require the signature of the Kingdom level supervisor for that discipline.

A separate Authorization form is needed for each **AREA** of authorization, i.e. Armored combat, Rapier combat, etc. This form should be delivered to the Earl Marshal or their designated representative. For Rapier combat this form should be delivered to the Kingdom Rapier Marshal or their designated representative. For renewals, enclose a copy of old card or obtain appropriate signatures above. For **NEW** authorizations, enclose a copy of SCA membership card. **For New and Renewal a Combat Waiver form is required.** The participant and any local marshals should retain a copy of this form.

Issuing Marshal: _____
(SCA name) (Mundane name) (Date)