

Kingdom of Northshield **Temporary Authorization Card**

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SCA Name:	Date: Marshal in Charge:	
SCA Name	Equestrian Use Only	Style(s) Attempted Pass/Fail
Mundane Name:	Name of Horse:	
Address:	Name of Owner:	
	Minor Use Only:	THE PARTY OF THE P
Region: ☐ West ☐ Central ☐ East	Date of Birth:	
Phone:	. Signature of Parent/Guardian:	
Email:		
1st Authorizing	2nd Authorizing	Authorizing
Marshal	Marshal	Partner
This card is proof of your authoriza	ation. If you do not receive your Northshield au	thorization card in the mail

within 30 days of the date listed above, please send a copy of this document to the Clerk of the Roster.



SCA Name Mundane Name:___ Address:

Phone: ___ Email: 1st Authorizing

Marshal

Region: West

Kingdom of Northshield mnorany Authorization Card

		Kingdom of Northshield Temporary Authorization Card			
SCA Name: Name:		Date: Marshal in Charge:			
		Equestrian Use Only Name of Horse: Name of Owner:	Style(s) Attempted	Pass/Fail	
☐ Central	☐ East	Minor Use Only: Date of Birth: Signature of Parent/Guardian:			
	NAME OF THE OWNER	2nd Authorizing	Authorizing		

Partner

Authorizing

Partner

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Marshal



1st Authorizing

Marshal

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Region: West Phone: West Email:	☐ Central	☐ East	Date of Birth:Signature of Parent/Guardian:		

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2nd Authorizing

Marshal