

Kingdom of Northshield Martial Activity Report

Authorization Sheet

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	Event Name:	Date: Marshal in Charge:		
Mundane Name: Address:		Equestrian Use Only Name of Horse: Name of Owner: Minor Use Only:	Style(s) Attempted	Pass/Fail
Region:		Signature of Parent/Guardian:		
1st Authorizing Marshal		2nd Authorizing Marshal	Authorizing Partner	
Mundane Name:		Equestrian Use Only Name of Horse: Name of Owner: Minor Use Only:	Style(s) Attempted	Pass/Fail
Region:		Date of Birth: Signature of Parent/Guardian:		
1st Authorizing Marshal		2nd Authorizing Marshal	Authorizing Partner	
SCA NameMundane Name:Address:Region: U West		Equestrian Use Only Name of Horse: Name of Owner: Minor Use Only: Date of Birth:	Style(s) Attempted	Pass/Fail
Phone:Email:		Signature of Parent/Guardian:		
1st Authorizing Marshal		2nd Authorizing Marshal	Authorizing Partner	
Mundane Name:	☐ Central ☐ East	Equestrian Use Only Name of Horse: Name of Owner: Minor Use Only: Date of Birth: Signature of Parent/Guardian:	Style(s) Attempted	Pass/Fail
Email: 1st Authorizing Marshal	MONTHS OF THE TOTAL PROPERTY OF THE TOTAL PR	2nd Authorizing Marshal	Authorizing Partner	and transition and essential review of the state of the s
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1st Authorizing Marshal		2nd Authorizing Marshal	Authorizing Partner	
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1st Authorizing Marshal		2nd Authorizing Marshal	Authorizing Partner	

INSTRUCTIONS: Enter this information as part of the online Event Report.