



Kingdom of Northshield
Martial Activity Report
Authorization Sheet



Event Name: _____ Date: _____
Group: _____ Marshal in Charge: _____

SCA Name _____ Mundane Name: _____ Address: _____ Region: <input type="checkbox"/> West <input type="checkbox"/> Central <input type="checkbox"/> East Phone: _____ Email: _____	Equestrian Use Only Name of Horse: _____ Name of Owner: _____ Minor Use Only: Date of Birth: _____ Signature of Parent/Guardian: _____	Style(s) Attempted _____ _____ _____ _____ _____	Pass/Fail _____ _____ _____ _____ _____
1st Authorizing Marshal	2nd Authorizing Marshal	Authorizing Partner	

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