

Record of Additional Armored Combat Authorization

Fighter's Legal Name: _____
Fighter's SCA Name: _____
City/State/Province: _____ Zip/Postal Code: _____
Authorizing Marshal I: _____
Authorizing Marshal II: _____
Authorization Date: / / Authorization Card #: _____

Weapon Forms (check as many as apply)

- Sword and Shield
- Two Weapon
- Spear
- Polearm
- Great Weapon
- Combat Archery
- Non Combat Participation

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