



Kingdom of Northshield Temporary Authorization Card



SCA Name: _____ Date: _____
 Name: _____ 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	

This card is proof of your authorization. If you do not receive your Northshield authorization 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.



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