



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.