MOL Training Program Information and Warrant Request

Print and fill out all parts of this form and send to the Deputy KMOL for Training (Lady Damiana Morena/Danielle Willgruber) at danielle.willgruber@gmail.com.

Contact Information

Modern Name:		
Publish Modern Name? Pr	int Y / N Online Y /	/ N
SCA Name:		
Address:Publish Address? Print Y /		
City:	State:	Zip :
Telephone #: Publish Phone? Print Y / N		
Email Address:		
Publish E-mail? Print Y / N	•	
Membership #:	Expires:	
Home Group:		
AEL Login ID:		
Receive my MOL Packet: El	ectronically OR Print	: :
MOL in Training Appre	nticeship Events	
Name of Event: Date: Name of Mentor MOL (Print): Signature of Mentor MOL: Type of combat MOL-IT involved with: Rapier Heavy Equestrian Youth *** Mentor, please include comments with your event report.		
Name of Event: Name of Mentor MOL (Prin Signature of Mentor MOL: Type of combat MOL-IT inv *** Mentor; please include	olved with: Rapier He	leavy Equestrian Youth
MOL Warrant Take Ho	me Test	
Please go to the following v https://forms.gle/R9ehXZk	•	the MOL Warrant Take Home Test.
Please check off to i	ndicate that you have	e completed the Mol Warrant Take Home Test