

The Society for Creative Anachronism, Inc.  
Kingdom of Atlantia  
Verification of Authorization

This form must be filled out in its entirety for you to receive a Combat Authorization Card.  
If the form is illegible or incomplete, it will not be processed. If the fees are not included, it will not be processed.  
The list office will return the form and you will not receive an authorization card.

**COMBATANT****PRINT!** Legal Name Ichabod Krane**PRINT!** SCA Name Ahed Leshorsman**PRINT!** Street 1234 Dark Woods Drive**PRINT!** City Sleepy Hollow State VA Zip 23114**PRINT!** Phone Number (804) 516-0085 E-mail ihaunt@halloween.com**PRINT!** Home Group Barony of Caer Mear**LEGAL SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Mark **X** over current weapons forms, Circle **O** the new forms:

(**WS**)(**DW**) GW PW SP MW EP HR CT EQGC EQR EQL EQBT EQA EQD SW NC

For cataloging purposes only, if the fighter has an SCA card, record the Membership number below. Otherwise, mark the "Non-Member" box.

Membership Number 1756 ☐ Non-Member

**MoL****PRINT!** Legal Name Luna Lovegood**PRINT!** SCA Name Lady Maria of the Mists**PRINT!** Street 9876 Starry Lane**PRINT!** City Celestial State VA Zip 23113**PRINT!** Phone Number (804) 516-0085 E-mail looneyluna@witches.edu**PRINT!** Home Group Canton of Rivers Point**LEGAL SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

\*\*\*\*\*MoL USE ONLY \*\*\*\*\*

New Authorization \_\_\_\_\_ &amp; Form(s) \_\_\_\_\_

Add-on Weapon (s) \_\_\_\_\_ &amp; Form(s) \_\_\_\_\_

Confirm Authorization \_\_\_\_\_ &amp; Form(s) \_\_\_\_\_

Renewal/Lost Card \_\_\_\_\_

Transfer From: YC to Minor ☐Minor to Adult ☐

Kingdom of \_\_\_\_\_

Temp Card Issued ☐\$5 received ☐

\*\*\*\*\*KMOL USE ONLY \*\*\*\*\*

Date KMOL Card Issued: \_\_\_\_\_ Card Exp. Date: \_\_\_\_\_

Date Fighter List Updated: \_\_\_\_\_