



**KINGDOM OF LOCHAC  
SOCIETY FOR CREATIVE ANACHRONISM INC.  
COMBAT AUTHORISATION FORM - NZ MINOR PARTICIPANT  
DO NOT REDUCE THIS FORM - PLEASE PRINT CLEARLY**

<b>The Applicant's Parent / Legal Guardian must complete this section.</b>			
Parent /Guardian Name:			
Minor's SCA Name:			
Minor's Legal Name:			Date of Birth:
Address:			
Phone:		Email:	
Group		Membership No:	Membership Expiry:
<b>NEW ZEALAND MINOR PARTICIPANT PERMISSION TO PARTICIPATE</b>			
I, the parent / legal guardian named above, for the minor named above, being a participant of the Society for Creative Anachronism ("the Society"), give permission for my ward to participate in the combat related activities of the Society. NB: Australian Minor Combatants must be authorized using a Combat Authorisation form for Australian minors. When in Australia, NZ residents must sign an indemnity.			
Guardian's Signature:		Witness Signature:	Date:

<b>The Authorising Marshals must complete this section.</b>			
<input type="checkbox"/> New Authorisation <input type="checkbox"/> Upgrade of Authorisation <input type="checkbox"/> Renewal of Authorisation			
Applicant has been authorised for:			
Armoured Combat Authorisations			
<input type="checkbox"/> Heavy Combatant		<input type="checkbox"/> Combat Archery	<input type="checkbox"/> Thrown Weapon
<input type="checkbox"/> Fibreglass Spear		<input type="checkbox"/> Plumed Participant	<input type="checkbox"/> Siege Engine
Rapier Combat Authorisations			
<input type="checkbox"/> Rapier Combat		<input type="checkbox"/> Cut & Thrust Combat	<input type="checkbox"/> Rubber Band Guns Only
1st Marshal's Name:			
1st Marshal's SCA Name:			
Group		Membership No:	Membership Expiry:
2nd Marshal's Name:			
2nd Marshal's SCA Name:			
Group		Membership No:	Membership Expiry:
We authorise the applicant to participate in the activities shown above. We are current rostered marshals (within the Kingdom of Lochac) with the authority to so authorise applicants. We have received permission from the Lochac Earl Marshal or Lochac Kingdom Rapier Marshal as appropriate to authorise this minor.			
1st Marshal Signature:		Date:	
2nd Marshal Signature:		Date:	

Paper work must be submitted with a stamped self-addressed envelope to the appropriate officer within 3 months. A copy of the authorisation permission letter for the authorisation MUST be attached to this letter.  
**Send completed forms to:**  
SCANZ Lists, Flat 2, 6 Cheviot St, Spreydon, Christchurch 8024

<b>The officer ISSUING the card must complete this section.</b>			
Date this form received:	Who received the form:	Date card issued:	Who issued the card: