

# YOUTH COMBAT PROGRAM MARSHAL AUTHORIZATION FORM

SCA Name: \_\_\_\_\_

Mundane Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SCA Group: \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Event \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip-code \_\_\_\_\_

Phone Number (\_\_\_\_)-\_\_\_\_-\_\_\_\_ E-mail \_\_\_\_\_

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### Authorization For

\_\_\_ **GYCM (Group Youth Combat Marshal)**  
Background Check Expiration Date \_\_\_\_\_

\_\_\_ **YCAM-W (Youth Combat Adult Marshal - Warranted)**  
Background Check Expiration Date \_\_\_\_\_

\_\_\_ **YCAM – AL (Youth Combat Adult Marshal – At Large)**

\_\_\_ **YCM (Youth Combat Marshal, ages 13 through 17 yrs)**

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**GYCM observing**

**YCAM observing**

Signatures of \_\_\_\_\_

Print Name: \_\_\_\_\_

Group of \_\_\_\_\_

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COMMENTS