


Drachenwald authorization form

This form is used to make sure that the proper information is registered in the Drachenwald database of authorized fighters, and must be completed in order to make the authorization valid. Upper white area is filled out by the authorizing candidate, grey fields are used by the marshallate. **You're responsible for sending a copy of this to the card marshal within a month.**

Contact information

Persona (if any)		Membership number	Membership expires
Mundane name		Database ID (if known)	
Address			
Zip-code	City		
Country			
Phone	Email		



First time authorization, no previous record in database

Waiver on file (check appropriate box/boxes)

- Signed blue membership card, card number and exp date must be noted above
 Waiver signed at (date): _____ and handed to: _____
 Candidate is member of affiliate organisation with no waivers

Weapon styles (check appropriate box/boxes)

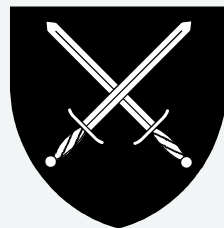
- | | |
|--|------------------------------|
| Heavy combat | Marshalling |
| <input type="checkbox"/> w/s <input type="checkbox"/> rsp <input type="checkbox"/> tmw | <input type="checkbox"/> MAL |
| <input type="checkbox"/> 2w <input type="checkbox"/> fsp <input type="checkbox"/> se | <input type="checkbox"/> AM |
| <input type="checkbox"/> 2hw <input type="checkbox"/> ca | |

Theory quiz

Candidate passed. Marshal (if other than below): _____

Practical test

Authorizing marshal
Co-marshal
Fighting opponent



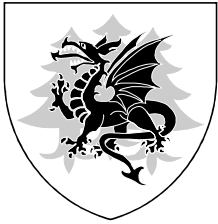
- Candidate passed, date: _____
 Authorization card given/updated

Drachenwald authorization form

This form is used to make sure that the proper information is registered in the Drachenwald database of authorized fighters, and must be completed in order to make the authorization valid. Upper white area is filled out by the authorizing candidate, grey fields are used by the marshallate. **Pass a copy of this form to your regional marshal.**

Contact information

Persona (if any)		Membership number	Membership expires
Mundane name		Database ID (if known)	
Address			
Zip-code	City		
Country			
Phone	Email		



First time authorization, no previous record in database

Waiver on file (check appropriate box/boxes)

- Signed blue membership card, card number and exp date must be noted above
 Waiver signed at (date): _____ and handed to: _____
 Candidate is member of affiliate organisation with no waivers

Weapon styles (check appropriate box/boxes)

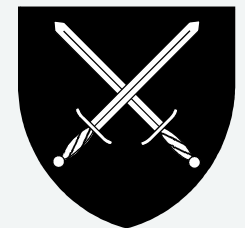
- | | |
|--|------------------------------|
| Heavy combat | Marshalling |
| <input type="checkbox"/> w/s <input type="checkbox"/> rsp <input type="checkbox"/> tmw | <input type="checkbox"/> MAL |
| <input type="checkbox"/> 2w <input type="checkbox"/> fsp <input type="checkbox"/> se | <input type="checkbox"/> AM |
| <input type="checkbox"/> 2hw <input type="checkbox"/> ca | |

Theory quiz

Candidate passed. Marshal (if other than below): _____

Practical test

Authorizing marshal
Co-marshal
Fighting opponent



- Candidate passed, date: _____
 Authorization card given/updated