

Kingdom of Atlantia

Rapier Marshal in Training

Name _____

SCA Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Home Group _____

MIT Signature _____

Sponsoring Marshal (PRINT) _____

Sponsoring Marshal's Signature _____

Upon completion of your apprenticeship, send a copy of this form and copy of your membership the Kingdom Rapier Marshal.

Event _____ Date _____

Hosting Group _____

Description of Duties _____

RMIC Signature _____ RMIC Name (print) _____

Event _____ Date _____

Hosting Group _____

Description of Duties _____

RMIC Signature _____ RMIC Name (print) _____

Event _____ Date _____

Hosting Group _____

Description of Duties _____

RMIC Signature _____ RMIC Name (print) _____

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