This form can be filled out before printing (all fields except "Initial").

KINGDOM OF AN TIR

SCA MEMBER ROSTER FOR COMBAT ACTIVITY PRACTICE

(FOR BLUE CARD MEMBERS)

PLEASE PRINT LEGIBLY

BRANCH _____ ACTIVITY _____ QUARTER/YEAR _____

SCA NAME	MODERN NAME	MEMBERSHIP NUMBER	EXPIRY DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
				INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL

AN TIR 27B 2005/03/07

PRINT FORM

RESET FORM