Revision Number: 3 Last Revised: 2/8/2002

Request for Release from Filing Waiver Materials
Caution: This form applies to a single event or fighter practice quarter.
Fill Out Either the Event Information Section Or the Fighter Practice Information Sections **And** the Seneschal Information Section

Event Information		
<b>Event Name</b>		
Event Date		
Hosting Group		
Fighter Practice/Marshal Information		
Quarter, Year	2 <sup>nd</sup> = А 3 <sup>rd</sup> = <b>J</b> t	muary 1 – March 31 pril 1 – June 30 lly 1 – September 30 ectober 1 <sup>st</sup> – December 31
Legal Name		
SCA Name		
Street Address		
City, State Zip		
Phone (Specify Day or Night)		
E-mail Address		
Seneschal Information		
Legal Name		
SCA Name		
Street Address		
City, State Zip		
Phone (Specify Day or Night)		
E-mail Address		
Reasons for Request for Release from Waiver Materials Filing Requirements*		
*Attach additional sheets as necessary		
Done by my hand, this	Day of	In the Year
Legal Signature, Seneschal of Hosting Group		