

Please Print

Pennsic Information		For Administrative Use Only
SCA Name	Medallion #	
Group Camping With	Block	

Personal Information		
Legal Name		
Street Address		Apt.
City	State	Zip
() -		
Phone Number	Email Address	

***All Certifications and Membership must be up to date in order to be a Chirurgeon.**

Certifications			
	/ /		/ /
First Aid	Exp Date	CPR	Exp Date
	/ /		
Membership #	Membership Exp	Kingdom	

Please Circle One

Chirurgeon status		
Chirurgeon-in-Training	Chirurgeon	Mentor

Please check to see that all information is complete and accurate.

Copies should be made of the following:

- * Certifications**
- * Proof of SCA membership**
- * ID that clearly states your legal name and date of birth**

This form and the copies should be presented for approval to the Deputy Chirurgeon Coordinator on duty.