



Kingdom  
of An Tir



Kingdom  
of the West

**AN TIR / WEST WAR 34**

**JULY 3 - 7, 2019**

**Pre-registrations MUST be  
postmarked by June 1, 2019.**

**PLEASE USE SEPARATE FORMS TO REGISTER MULTIPLE NON-RELATED PEOPLE.  
SECTIONS 2 - 6 SHOULD BE USED ONLY TO REGISTER THOSE RELATED TO PERSON 1.**

|   |                                                                                                                      |              |                                                                                                                                                                 |                  |             |
|---|----------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------|
| 1 | LEGAL (MUNDANE) NAME                                                                                                 |              | SCA NAME                                                                                                                                                        | BRANCH           |             |
|   | <input type="checkbox"/> ADULT (18+) <input type="checkbox"/> MINOR (17 & UNDER)<br>(WAIVERS REQUIRED IF NON-MEMBER) | AGE OF MINOR | MEMBERSHIP STATUS (SEE PAGE 2 FOR INSTRUCTIONS)<br><input type="checkbox"/> SCA (BLUE) <input type="checkbox"/> SCA (WHITE) <input type="checkbox"/> NON-MEMBER | SCA MEMBERSHIP # | EXPIRY DATE |
|   | <b>IMPORTANT - CONTACT INFORMATION IS NEEDED:</b>                                                                    |              | PHONE NUMBER (INCLUDE AREA CODE)                                                                                                                                | EMAIL ADDRESS    |             |
| 2 | LEGAL (MUNDANE) NAME                                                                                                 |              | SCA NAME                                                                                                                                                        | BRANCH           |             |
|   | <input type="checkbox"/> ADULT (18+) <input type="checkbox"/> MINOR (17 & UNDER)<br>(WAIVERS REQUIRED IF NON-MEMBER) | AGE OF MINOR | MEMBERSHIP STATUS (SEE PAGE 2 FOR INSTRUCTIONS)<br><input type="checkbox"/> SCA (BLUE) <input type="checkbox"/> SCA (WHITE) <input type="checkbox"/> NON-MEMBER | SCA MEMBERSHIP # | EXPIRY DATE |
|   | <b>IMPORTANT - CONTACT INFORMATION IS NEEDED:</b>                                                                    |              | PHONE NUMBER (INCLUDE AREA CODE)                                                                                                                                | EMAIL ADDRESS    |             |
| 3 | LEGAL (MUNDANE) NAME                                                                                                 |              | SCA NAME                                                                                                                                                        | BRANCH           |             |
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|   | <b>IMPORTANT - CONTACT INFORMATION IS NEEDED:</b>                                                                    |              | PHONE NUMBER (INCLUDE AREA CODE)                                                                                                                                | EMAIL ADDRESS    |             |
| 4 | LEGAL (MUNDANE) NAME                                                                                                 |              | SCA NAME                                                                                                                                                        | BRANCH           |             |
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|   | <b>IMPORTANT - CONTACT INFORMATION IS NEEDED:</b>                                                                    |              | PHONE NUMBER (INCLUDE AREA CODE)                                                                                                                                | EMAIL ADDRESS    |             |
| 5 | LEGAL (MUNDANE) NAME                                                                                                 |              | SCA NAME                                                                                                                                                        | BRANCH           |             |
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|   | <b>IMPORTANT - CONTACT INFORMATION IS NEEDED:</b>                                                                    |              | PHONE NUMBER (INCLUDE AREA CODE)                                                                                                                                | EMAIL ADDRESS    |             |
| 6 | LEGAL (MUNDANE) NAME                                                                                                 |              | SCA NAME                                                                                                                                                        | BRANCH           |             |
|   | <input type="checkbox"/> ADULT (18+) <input type="checkbox"/> MINOR (17 & UNDER)<br>(WAIVERS REQUIRED IF NON-MEMBER) | AGE OF MINOR | MEMBERSHIP STATUS (SEE PAGE 2 FOR INSTRUCTIONS)<br><input type="checkbox"/> SCA (BLUE) <input type="checkbox"/> SCA (WHITE) <input type="checkbox"/> NON-MEMBER | SCA MEMBERSHIP # | EXPIRY DATE |
|   | <b>IMPORTANT - CONTACT INFORMATION IS NEEDED:</b>                                                                    |              | PHONE NUMBER (INCLUDE AREA CODE)                                                                                                                                | EMAIL ADDRESS    |             |

**IMPORTANT: EQUESTRIAN WAIVERS ARE NEEDED FOR ALL ATTENDEES.**

**PLEASE SEE PAGE 2 FOR INSTRUCTIONS REGARDING  
THE WAIVER AND PHOTOCOPY REQUIREMENTS FOR PRE-REGISTRATION.**

**PAYMENT IN US FUNDS ONLY**

ADULT EVENT FEE (AGE 18+) \_\_\_\_\_ @ \$45.00 = \$ \_\_\_\_\_  
*No charge for age 17 and under*

NON-MEMBER REGISTRATION FEE \_\_\_\_\_ @ \$5.00 = \$ \_\_\_\_\_  
*All non-SCA Members aged 18+*

AMOUNT ENCLOSED \$ \_\_\_\_\_

Make checks payable to "SCA, Inc - An Tir West War". Send the check, pre-registration form and the needed waivers and photocopies to:

AWW Pre Reg  
c/o Rae Sidlauskas  
1218 NE Conroy Pl  
Corvallis OR 97330

**Preregistration Coordinator:**

Meistres Rheimwylydd, AntirWestWar.PreReg@antir.org

# INSTRUCTIONS

The following SCA Waivers can be found at <http://www.antir.sca.org/Pubs/forms/>

- Equestrian Waiver for Oregon - NEEDED FOR ALL ATTENDEES REGARDLESS OF MEMBERSHIP
- 04 Medical Authorization for Minors  
*only needed if you are bringing a minor for who you are NOT the parent or legal guardian*
- 05 Event Waiver (Minor)
- 07 Event Waiver, Single (Adult)
- 28 Multiple Minors Event Waiver

***Enclose the following waivers and/or photocopies as required.***

## **ADULTS (18 YEARS OF AGE AND OLDER)**

### ***SCA Blue Card Member***

- a photocopy of blue SCA membership card, front and back

### ***SCA White Card Member***

- a photocopy of white SCA membership card, front and back
- SCA Adult Event Waiver (07)

### ***Non-Member***

- SCA Adult Event Waiver (07)

## **MINORS (17 YEARS OF AGE AND YOUNGER) ACCOMPANIED BY PARENT/LEGAL GUARDIAN**

### ***SCA Blue Card Member***

- a photocopy of member card, front and back

### ***SCA White Card Member***

- a photocopy of member card, front and back
- SCA Minor Event Waiver (05) OR, if multiple ***related*** children, the Multiple Minors Event Waiver (28)

### ***Non SCA Member***

- SCA Minor Event Waiver (05) OR, if multiple ***related*** children, the Multiple Minors Event Waiver (28)

## **MINORS (17 YEARS OF AGE AND YOUNGER) WHO ARE ACCOMPANIED BY AN ADULT WHO IS NOT THEIR PARENT OR LEGAL GUARDIAN**

### ***SCA Blue Card Member***

- a photocopy of member card, front and back
- SCA Minor Event Waiver (05) OR, if multiple ***related*** children, the Multiple Minors Event Waiver (28)
- SCA Medical Authorization for Minors (04)

### ***SCA White Card Member***

- a photocopy of member card, front and back
- SCA Minor Event Waiver (05) OR, if multiple ***related*** children, the Multiple Minors Event Waiver (28)
- SCA Medical Authorization for Minors (04) - do not mail, but this must be brought to site and shown to Gate staff

### ***Non SCA Member***

- SCA Minor Event Waiver (05) OR, if multiple ***related*** children, the Multiple Minors Event Waiver (28)
- SCA Medical Authorization for Minors (04)