



Kingdom of Atlantia

Re-Warrant Request for Branch Seneschal

I, _____ (print name) assert that the _____
(branch designation) of _____ (branch name) has selected
me as candidate for Branch Seneschal on _____ (date). In signing below, I certify
that I understand and accept the responsibilities of Branch Seneschal and that I will maintain
membership, phone and e-mail access for the duration of any warrant granted.

Signed: _____ (modern signature)

Date: _____

We, officers of the above named branch, certify that the above candidate is acceptable to the
branch and to the roster of branch officers. (modern signatures)

_____ (_____ office)

_____ (_____ office)

_____ Baronage (if Barony)

Candidate Contact Information

Modern Name: _____

SCA Name & Title: _____

Address: _____

Phone Number: _____

Email address: _____

Member # _____ Exp date: _____

Permission to publish Acorn:

___ Modern name ___ SCA Name ___ Address ___ Phone Number ___ Email address

Permission to publish Kingdom website:

___ Modern name ___ SCA Name ___ Address ___ Phone Number ___ Email address

Retain copy for Branch Records. E-mail scanned copy to Regional. Mail Original to Kingdom Seneschal.