

AUTOCRAT'S WARRANT

The following member of the S.C.A. is hereby warranted as

Deputy Seneschal of _____
Name of Branch

And autocrat for: _____
Name of Event

To be held on: _____
Date of Event

SCA Name: _____

Modern Name: _____

Address: _____

Phone: _____

E-Mail if any: _____

This warrant is hereby effective from the date of signing through four weeks after the designated event has completed.

I hereby certify that I have verified the membership of this individual and this designated autocrat is a member in good standing of the SCA (mebr#_____) and do hereby warrant them as a Deputy Seneschal.

Seneschal: _____ **Date:** _____

Baron: _____ **Date:** _____

Baroness: _____ **Date:** _____

(Signatures of Baron/Barones are only required for Baronies)

**Cc. Deputy Kingdom Seneschal on Charge of the Kingdom Calendar
Form Date 9/14/98 Original Date 2/5/96**