



# Kingdom of Lochac

## Chirurgeonate Sign-in Sheet

EVENT: \_\_\_\_\_ DATE(s): \_\_\_\_\_

CHIRURGEON-IN-CHARGE: \_\_\_\_\_ Local Group: \_\_\_\_\_

MKA: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

SCA Membership No: \_\_\_\_\_ exp: \_\_\_\_\_ CPR Cert & No: \_\_\_\_\_ exp: \_\_\_\_\_

First Aid Cert Type & No: \_\_\_\_\_ exp: \_\_\_\_\_ Warrant Level: \_\_\_\_\_ exp: \_\_\_\_\_

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SCA Name:: \_\_\_\_\_ MKA: \_\_\_\_\_

Local Group: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ \*C-i-C Initials: \_\_\_\_\_

SCA Membership No: \_\_\_\_\_ exp: \_\_\_\_\_ CPR Cert & No: \_\_\_\_\_ exp: \_\_\_\_\_

First Aid Cert Type & No: \_\_\_\_\_ exp: \_\_\_\_\_ Warrant Level: \_\_\_\_\_ exp: \_\_\_\_\_

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First Aid Cert Type & No: \_\_\_\_\_ exp: \_\_\_\_\_ Warrant Level: \_\_\_\_\_ exp: \_\_\_\_\_

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SCA Name:: \_\_\_\_\_ MKA: \_\_\_\_\_

Local Group: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ \*C-i-C Initials: \_\_\_\_\_

SCA Membership No: \_\_\_\_\_ exp: \_\_\_\_\_ CPR Cert & No: \_\_\_\_\_ exp: \_\_\_\_\_

First Aid Cert Type & No: \_\_\_\_\_ exp: \_\_\_\_\_ Warrant Level: \_\_\_\_\_ exp: \_\_\_\_\_

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SCA Name:: \_\_\_\_\_ MKA: \_\_\_\_\_

Local Group: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ \*C-i-C Initials: \_\_\_\_\_

SCA Membership No: \_\_\_\_\_ exp: \_\_\_\_\_ CPR Cert & No: \_\_\_\_\_ exp: \_\_\_\_\_

First Aid Cert Type & No: \_\_\_\_\_ exp: \_\_\_\_\_ Warrant Level: \_\_\_\_\_ exp: \_\_\_\_\_

\* Chirurgeon-in-charge initials when membership & certification have been checked for expiration.

NOTE: only a current first aid certification (or higher) is required for Apprentice Chirurgeons.

**This form is to be mailed to the Lochac Chirurgeon with the Event Report.** A copy to be kept for your files