

**PLEASE PRINT** Information needed for Submission Forms:

SCA Name:

Registered:  Yes (If Yes, When: \_\_\_\_\_)  
 No (If No, is this  New  Resubmission  Change)

Legal Name:

Street Address:

City, State and Zip:

E-Mail (if applicable):

Phone Number:

SCA Group Name:

Gender of Submitter:

Date of Birth:

Device:  New  Resubmission  Change  Other:

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Information to start designing a device:

**TINCTURES**

METALS (Choose One)

Argent (Silver/White)  
 Or (Gold/Yellow)

COLORS (Choose One or Two)

Azure (Blue)  
 Gules (Red)  
 Purpure (Purple)  
 Sable (Black)  
 Vert (Green)

FURS (I would accept one)

Yes  
 No  
 Undecided/Don't Know

**CHARGES (Objects) I am interested in**

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**Cites for Name Elements (If from an on-line article give full URL)**

