

Atlantian Pages Academy Enrollment/Change of Sponsor Form

All Fields must be filled out

New Enrollment Change of Sponsor

Page's Legal Name: _____

Page's SCA Name: _____

Page's Address: _____

Page's Home Phone _____ Page's Email: _____

Page's Date of Birth: _____ Page's Age: _____

Parent/Guardian Legal Name: _____

Parent/Guardian SCA Name: _____

Page's Local SCA Group: _____

Sponsor's Legal Name: _____

Sponsor's SCA Name: _____

Sponsor's Address: _____

Sponsor's Home Phone: _____ Sponsor's Email: _____

Sponsor's Local SCA Group: _____

Sponsor's Membership Number: _____ Exp: _____ Type: _____

I agree to act as Sponsor to the above named Page Candidate and am willing to help and guide him/her. I am at least 18 years of age.

Sponsor's Legal Signature: _____ Date: _____

I am the Parent/Guardian of the above named Page Candidate and agree to have the above named individual Sponsor my child.

Parent's Legal Signature: _____ Date: _____

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before this the _____ day of _____, 20_____

Notary Public

My commission expires _____