

Trimaris
College of Heralds
Society Name

Badge Submission Form

Name this badge is to be associated with

Legal name

Address

Branch Name

Phone Number Date of Birth

E-mail Address Date Submitted

Consulting Herald Herald's E-mail/Phone

- Action Type
- New**
 - Resubmission
 - Kingdom
 - Laurel
 - Change, if registered:
 - release old badge
 -
 - retain old badge(s)
 - Appeal (attach justification)
 - Other (specify)

This name is (pick one):

- already registered
- submitted with this device
- previously submitted from the Kingdom of

If using any restricted charges, please give Kingdom and date of eligibility for that charge.

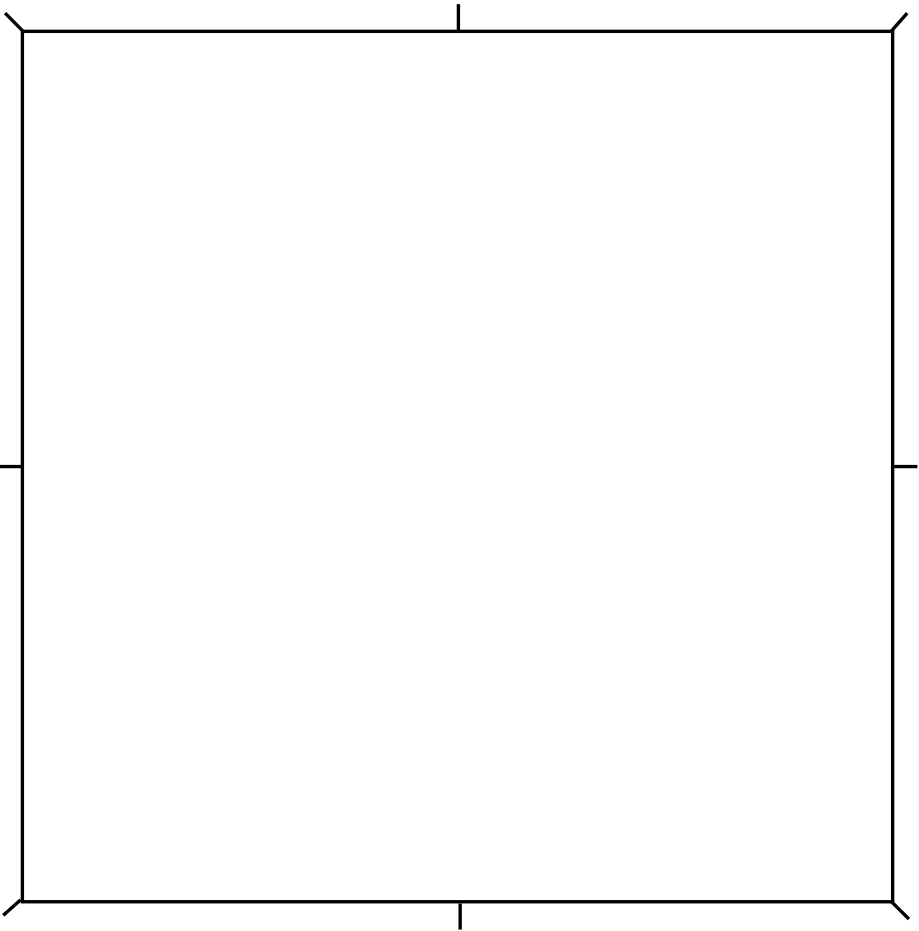
Is this badge jointly owned? Yes No

If Yes, co-owner's Society Name

(Note: the square below should be approximately 4.5 inches (11.4 cm) wide when printed)

Check here for a fieldless badge (no particular background)

Proposed Blazon (Consult a herald if possible. Use plain English if you don't know how to blazon.)



Instructions: send 1 color copy and one black and white outlined copy of this completed form to lymphad@trimaris.org. Mail the payment to the Lymphad Herald of Trimaris at the address listed on the Kingdom of Trimaris website. Make checks payable to "SCA Kingdom of Trimaris".

	Amount Received	Date Received	Action Taken	Amount Forwarded	Date Forwarded
Local					
Kingdom					
Laurel					