Petition for Land Grant

Group
Name: _____

Group Contact Information: (you must choose a memeber of your group to act as a Liaison to the RGK for any matters concerning your Land Grant.)

Primary Contact:

Name: _____ Phone Number: _____

Secondary Contact:

Name: _____ Phone Number: _____

Please circle only one of the available answers.

Type of Group:	Company	Household
Type of Parcel:	New Land Grant	Land Grant Addition

Please describe your sedired location using existing Land Grans as points of reference:

_____

_____

_____

For RGK Use Only: Date:_____

Group Type Approved: YES NO CORRECTED

Reason: _____

Condition: _____

Parcel Type Approved: YES NO CORRECTED

Reason: _____

Condition: _____

Qualifications: Registered with Amtgard, Kingdom of the Emerald Hills? YES NO
Existence of > 6 months? YES NO If no, when eligible: _____
Minimum 150 Kingdom Work Hours completed as of: _____

Land Grant approved and finalized:_____
Parcel #: _____
RGK Secretary Initials: _____