

American Jousting Alliance Membership Application

Name: _____

Address: _____

Telephone (Home): _____ Telephone (Work/Cell): _____

Age: _____ Height: _____ Weight: _____ Male / Female Married / Single

Your Medieval Name, Title and Location (if applicable): _____

Do you have any riding experience? Yes / No
If yes, how many years and what type? _____

Do you have any Skill-At-Arms training? Yes / No
If yes, how many years and what type(s): _____

Primary interest in the American Jousting Alliance:

<input type="checkbox"/> Competition	<input type="checkbox"/> AJA Official	<input type="checkbox"/> Spectator	<input type="checkbox"/> AJA Staff
<input type="checkbox"/> Horses	<input type="checkbox"/> Hobby	<input type="checkbox"/> Squire	<input type="checkbox"/> Page
<input type="checkbox"/> Horsemanship	<input type="checkbox"/> History	<input type="checkbox"/> Fantasy	<input type="checkbox"/> Performing
<input type="checkbox"/> Comedy	<input type="checkbox"/> Costuming	<input type="checkbox"/> Armour	<input type="checkbox"/> Weapons
<input type="checkbox"/> Comparisons and Horse Armour			

Other interests, please explain: _____

Skill-At-Arms events you are interested in:

<input type="checkbox"/> Ring Spearing	<input type="checkbox"/> Spear Throwing (close target)
<input type="checkbox"/> Quintain Hitting	<input type="checkbox"/> Spear Throwing (distant target)
<input type="checkbox"/> Tournament Jousting	<input type="checkbox"/> Pas d'Armes (Choreographed Jousts)

Other related or interesting exhibitions, please explain: _____

Please print this application and mail the completed form to:



The American Jousting Alliance
15568 Greenleaf Springs Road
Frazier Park, CA 93225