

<input type="checkbox"/> Armored Combat	<input type="checkbox"/> Rapier	<input type="checkbox"/> Equestrian	<input type="checkbox"/> Archery	<input type="checkbox"/> Youth Combat	<input type="checkbox"/> Other (please list)
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Event	Date
Group	Marshal-in-Charge

<u>Name</u>	<u>Division</u>	<u>Age</u>	<u>Auth. (Y/N)</u>

INSTRUCTIONS: Attach this form to the Martial Activity Report.
