

MIDDLE KINGDOM MARTIAL ACTIVITY REPORT

<input type="checkbox"/> Armored Combat	<input type="checkbox"/> Rapier	<input type="checkbox"/> Equestrian	<input type="checkbox"/> Archery	<input type="checkbox"/> Other (please list)
---	---------------------------------	-------------------------------------	----------------------------------	--

Event		Date
Group	Location (City, State/Prov.)	
Number of Authorizations	Number of Waivers	

ATTACH MARSHALS ROSTER FOR LIST OF ASSISTING MARSHALS

Form of Activity/Tournament	Number of Participants
Marshal-in-Charge	List Minister
Tourney Winner(s)	

Form of Activity/Tournament	Number of Participants
Marshal-in-Charge	List Minister
Tourney Winner(s)	

Form of Activity/Tournament	Number of Participants
Marshal-in-Charge	List Minister
Tourney Winner(s)	

PROBLEMS

- A. Significant Injuries _____

- B. Unusual Equipment Failures _____

- C. Sanctions _____

IF ANY OF THESE ARE FILLED OUT, YOU **MUST** REPORT TO YOUR PRINCIPALITY/REGIONAL MARSHAL AND TO THE KINGDOM DEPUTY FOR YOUR MARTIAL ACTIVITY WITHIN 48 HOURS.

COMMENTS: _____

REPORTING MARSHAL: COMPLETE ALL INFORMATION BELOW

Marshal	Modern Name	
Street Address	City, State/Prov., Postal Code	
Telephone (include area code)	E-mail Address	Signature

INSTRUCTIONS:	Upon completion of the Event, send a copy of this report and attachments to your Principality/Regional Marshal and to the Kingdom/Principality Clerk of the Roster, as applicable.
----------------------	--