

## 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)
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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)	

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**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

<b>INSTRUCTIONS:</b>	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.
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