

• Armored Combat	• Rapier	• Equestrian	• Archery	• Other (please list)
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Quarter (Check one) _____ 1 (March 1) _____ 2 (June 1) _____ 3 (Sept. 1) _____ Domesday (Dec. 1)

Full Group Name and Status		
Location (City, State/Prov., Country)		
Marshal	Modern Name	
Street Address	City, State/Prov., Postal Code	
Telephone (include area code)	E-mail Address	Warrant Status _____ Warranted _____ GMIT

NEW AND INCIPIENT GROUPS must include a complete Roster of Participants with all Quarterly and Domesday reports.

ALL GROUP MARSHALS must include a complete Roster of Participants with each Domesday Report. **CHANGES** to the roster should be reported with each Quarterly Report.

ALL REPORTS (both Quarterly and Domesday) should be sent to your Principality/Regional Marshal.

All Domesday Reports and all Quarterly Reports containing **CHANGES** to the Roster should also be sent to the Kingdom/Principality Clerk of the Roster, as applicable.

<p>I. STATUS</p> <p>_____ number of authorized participants _____ ± since last quarter _____ no change since last quarter</p> <p>If Domesday, also attach Participant's Roster. If Quarterly, but changes have occurred, attach changes</p> <p>PRACTICES:</p> <p>Practices are considered to be official events. GMITs are allowed to officially run practices, if they have a GMIT Warrant. All participants are required to sign a roster waiver. Roster waivers are sent directly to the Member Services Office of the SCA, Inc. Retaining local copies is unnecessary.</p> <p>_____ We are currently not holding regular practices.</p> <p>_____ We have regular practices: _____ weekly + _____ twice a month _____ monthly</p> <p>THE GROUP HOSTED THE FOLLOWING EVENTS THIS QUARTER:</p> <p>Name: _____ Date: _____</p> <p>Name: _____ Date: _____</p> <p>Name: _____ Date: _____</p>
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<p>II. EXPERIMENTS</p> <p>Observations on Experimental Equipment and Forms, if applicable:</p> <p>_____</p> <p>_____</p>

<p>III. PROBLEMS</p> <p>A. Significant Injuries _____</p> <p>_____</p> <p>B. Unusual Equipment Failures _____</p> <p>_____</p> <p>C. Sanctions _____</p> <p>_____</p>
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<p>IV. Summary</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Signed: _____ Date: _____