

MIDDLE KINGDOM MARTIAL ACTIVITY REPORT

Armored Combat	Rapier	Equestrian	Archery	Coursing	Other (please list)
Event Name					Date
Group			Location (City, State/Prov.)		
Number of Authorizations			Number of Waivers		
Participant Summary: Total number attending event: Total number Hounds at event: Total Adult Handlers at event: Total Minor Handlers at event: Total Marshals: Total Number of Authorizations (attach Authorization Forms):					

Individual Activities:

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: If necessary attach separate Sheet

- A. Significant Injuries (attach Chirurgeon Report) _____
- B. Unusual Equipment Failures _____
- C. Sanctions _____

IF ANY OF THESE ARE FILLED OUT, YOU MUST REPORT TO YOUR 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.
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