

MIDDLE KINGDOM MARTIAL ACTIVITY REPORT

• Armored Combat	• Rapier	• Equestrian	• Archery	• 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	

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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