

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

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.

I. STATUS	_____ number of authorized participants _____ ± since last quarter _____ no change since last quarter If Domesday, also attach Participant's Roster. If Quarterly, but changes have occurred, attach changes
	PRACTICES: 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. _____ We are currently not holding regular practices. _____ We have regular practices: _____ weekly + _____ twice a month _____ monthly
	THE GROUP HOSTED THE FOLLOWING EVENTS THIS QUARTER: Name: _____ Date: _____ Name: _____ Date: _____ Name: _____ Date: _____

II. EXPERIMENTS	Observations on Experimental Equipment and Forms, if applicable: _____ _____
------------------------	--

III. PROBLEMS	A. Significant Injuries _____ _____
	B. Unusual Equipment Failures _____ _____
	C. Sanctions _____ _____

IV. Summary	_____ _____ _____
--------------------	-------------------------

Signed: _____ Date: _____