

Middle Kingdom Local Seneschal's Trimester Report

Group:

Trimester:

Personal Data:

SCA Name:

Legal Name:

Address:

City, State, Zip:

Telephone Number:

E-mail Address:

SCA Membership #:

Expiration Date:

Deputies:

Deputy's name:

Please note that Deputy Seneschals are not warranted officers.

Synopsis of Group's Activity (*meetings, demos, events, etc...*):

Did your group receive any media coverage this trimester (*if yes, please describe*):

Summarize your interactions with other officers in your group:

Summarize the state of your group:

Baronies - Summarize the state of any subsidiary groups:

Any Problems or Issues:

Questions and Comments:

Copies to:

Baronial Seneschal (*if a canton of another group*)

Group Administering Branch Seneschal (*if an incipient group*)

Deputy for New Groups (*if a new/incipient group*)

Regional Seneschal