



WATERBEARING EVENT REPORT

Name of Event: _____

Date: _____

Hosting Groups Name: _____

Waterbearer-in-Charge: _____

(Mundane Name): _____

Marshal-in-Charge: _____

(Mundane Name): _____

Chirurgion-in-Charge: _____

(Mundane Name): _____

HEAVY WEAPONS:

Number of Waterbearers: _____

Number of Fighters: _____

YOUTH COMBAT:

Number of Waterbearers: _____

Number of Fighters: _____

ARCHERY:

Number of Waterbearers: _____

Number of Fighters: _____

LIVE WEAPONS:

Number of Waterbearers: _____

Number of Fighters: _____

RAPIER:

Number of Waterbearers: _____

Number of Fighters: _____

EQUESTRIAN:

Number of Waterbearers: _____

Number of Fighters: _____

COURSING:

Number of Waterbearers: _____

Number of Fighters: _____

Amount of Water Dispensed: _____ (Gallons)

Amount of Gatorade Dispensed: _____

Any other liquid dispensed (type and amount): _____

Food dispensed (type and amount): _____

Any problems reported to MiC or CiC? _____

Report completed by: _____

Please keep one copy for your records and send one copy to the Kingdom Waterbearer or your LGM

Reports are due NO LATER THAN: 10 days after the event!!

Total cost of Waterbearing for Event: \$ _____ (optional)