

YOUTH COMBAT EVENT REPORT

Date of the Report: _____ Date of the Event: _____

Name of the Event: _____ Location: _____

Group Name: _____ Youth Marshal: _____

Please list any addition Marshals (if any): _____

Tournament/Melee Information

List Minister/Mistress: _____ Format: _____

Division I (age 6-9) Number of fighters: _____

Division II (age 10-13) Number of fighters: _____

Division III (age 14-17) Number of fighters: _____

List winner: _____

Melee activity: _____

Violations of the Rules of the List or Conventions of Combat: _____

If other than zero attach a detailed report

Injuries: ***If other than zero attach an Injury Report*** _____

(Report all injuries to the Deputy Earl Marshal for Youth Combat within 24 hours)

Type: _____ Cause: _____

Additional Comments (warnings, observations, etc): _____
