

Marshal's Event Report
Kingdom of Meridies

Do not use calligraphy. Please print clearly or type
This report must be filed within 10 days of the date of the event.

Group Name, City, & State: _____
Date of the Report: _____ Date of the Event: _____
Name of the Event: _____
Location of the Event: _____
Type of Fighting Event: _____

Marshal in Charge: SCA Name: _____
Mundane Name: _____ Phone: _____
Address: _____ E-mail: _____
City: _____ State: _____ Zip Code: _____

Number of additional marshals: _____ List names on back
Number of Fighters: _____
Winner of Event: _____
Minister of the List (if any): _____

Violations of Rules of the List or Conventions of Combat: _____
If other than zero attach a detailed report

Chirurgion in Charge: _____
Injuries: _____
If other than zero attach an Injury Report

Additional Comments (warnings, observations, etc.): _____

Mundane Signature: _____ Date: _____
SCA Signature: _____