

Kingdom of Meridies

Rapier Combat

Event Report

Event Name:	Date:	
Hosting Group Name:		
Reporting Marshal:		
General Comments:		
<table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Authorizations</td> </tr> </table>		Authorizations
Authorizations		

Title (if any):	MiC:	
Type:	MoL:	
Concept:		
Fighters	Marshals	Victor:
Noteworthy Occurrences:		
Marshal's comments (problems or suggestions):		

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Type:	MoL:	
Concept:		
Fighters	Marshals	Victor:
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Please use an additional form if there were more than 2 activities at this event.
Attach any Rosters of Fighters and send this in with your next quarterly report.