

Kingdom of Meridies
Rapier Marshal in Training

Submit completed forms to be considered for warranting to the Deputy Earl Marshal for Rapier Combat:

Rapier@meridies.org

Warrants are issued at the discretion of the Kingdom Earl Marshal and the Rapier Deputy

APPRENTICE INFORMATION

LEGAL NAME: _____

SCA NAME: _____

MAILING ADDRESS: _____

E-MAIL: _____

MEMBERSHIP NUMBER: _____ EXPIRATION DATE: _____

Rapier MARSHAL 101 TRAINING CLASS

Date: _____ Instructor: _____

Event / Location: _____

Applicant must assist in marshaling at minimum of four (4) activities. Only two (2) of these may be practices. One activity must include marshaling a melee with a least six (6) combatants.

Marshal Activity

Date: _____ Marshal-in-Charge: _____

Event / Location: _____

Melee Combat? Yes No MIC Commentary on Performance:

Signature, Marshal-in-Charge (Legal/SCA): _____

Marshal Activity

Date: _____ Marshal-in-Charge: _____

Event / Location: _____

Melee Combat? Yes No MIC Commentary on Performance:

Signature, Marshal-in-Charge (Legal/SCA): _____

Date: _____ Marshal-in-Charge: _____

Event / Location: _____

Melee Combat? Yes No MIC Commentary on Performance:

Signature, Marshal-in-Charge (Legal/SCA): _____

Marshal Activity

Date: _____ Marshal-in-Charge: _____

Event / Location: _____

Melee Combat? Yes No MIC Commentary on Performance:

Signature, Marshal-in-Charge (Legal/SCA): _____

Marshal Activity

Date: _____ Marshal-in-Charge: _____

Event / Location: _____

Melee Combat? Yes No MIC Commentary on Performance:

Signature, Marshal-in-Charge (Legal/SCA): _____

Marshal Activity

Date: _____ Marshal-in-Charge: _____

Event / Location: _____

Melee Combat? Yes No MIC Commentary on Performance:

Signature, Marshal-in-Charge (Legal/SCA): _____
