

MERIDIES YOUTH COMBAT PROGRAM QUARTERLY REPORT FORM (ARMORED & RAPIER)

1st Qtr (1 Mar) _____ 2nd Qtr (1 Jun) _____ 3rd Qtr (1 Sep) _____ 4th Qtr (1 Dec) _____

SCA Name: _____

Mundane Name: _____

Email: _____

SCA Group: _____

SCA Member Number: _____ Expiration Date: _____

Youth Combat Warrant Expiration Date _____ Armored / Rapier / Both



YOUTH COMBAT REPORTING Please fill out the section applicable to your warrant

How many practices did your run this quarter involving youth combatants?

Youth Armored Combat _____ Youth Rapier Combat _____

How many combatants do you have in Division 1 (6-9 yrs)?

Youth Armored Combat _____ Youth Rapier Combat _____

How many combatants do you have in Division 2 (10-13 yrs)?

Youth Armored Combat _____ Youth Rapier Combat _____

How many combatants do you have in Division 3 (14-17 yrs)?

Youth Armored Combat _____ Youth Rapier Combat _____

How many Division 3 combatants do you have at the adult level (16-17 yrs)? (Requires parent, DEMYC & Crown approval)

Youth Armored Combat _____ Youth Rapier Combat _____



AUTHORIZATION MARSHALS

If you are not an authorization marshal, you may skip this section.

How many youth combatants did you authorize this quarter? _____

How many adult sparring partners did you authorize this quarter? _____



OTHER

Are there any issues to report? (For youth policy/safety violations, injuries, etc, please also fill out and send an incident report as soon as possible, but no later than 7 days)

Other comments, questions, suggestions, or recommendations for Kingdom?
