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

SCA Name:	
Mundane Name:	
Email:	
SCA Group:	
SCA Member Number:	
Youth Combat Warrant Expiration Date	
	AT REPORTING
How many practices did your run this quarter inv	volving 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	2 (10-13 yrs)?
Youth Armored Combat	Youth Rapier Combat
How many combatants do you have in Division 3	3 (14-17 yrs)?
Youth Armored Combat	Youth Rapier Combat
How many Division 3 combatants do you have a Warranted Youth Marshal, & DEMYC or KEM a	* * * * * * *
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?	