

Quarterly Reporting Form for all Marshals

SCA Name:

Mundane Name:

Address:

Membership number:

Warrant Expires:

Email address:

Phone number:

Circle your form of marshallate (more than one may be circled):

Marshal At Large

Group Marshal

Warranted Marshal

For Group Marshals only, please answer the following questions:

1. Number of unauthorized fighters in group: _____
2. Number of authorized fighters in group (may be one authorization):

3. Number of Cut and Thrust authorized: _____
4. Number of fighters authorized in all forms (rapier and CnT):

5. Number of practices held this quarter: _____
6. Number of marshals (Marshals-At-Large and are in your group?): _____
7. Number of Warranted Marshals in group (exclude this number from the number of marshals): _____

ALL GROUP MARSHALS MUST INCLUDE A GROUP ROSTER WITH THIS REPORT. IF A FENCER HAS NOT COME TO A PRACTICE IN 6 MONTHS, REMOVE THEM FROM YOUR ROSTER.

For Warranted Marshals, please answer the following questions:

1. Number of authorizations this quarter: _____

a. Number of Basic authorizations: _____

b. Number of Advanced authorizations: _____

2. How many Marshals-At-Large did you authorize (this requires the Marshal 101 class): _____

3. Please list the names of all Marshals-At-Large you authorized this quarter.

4. How many Warranted Marshals did you provide classes for this quarter?

ATTACH YOUR AUTHORIZATION LOG TO YOUR REPORT AND SEND A COPY TO THE KINGDOM CARD DEPUTY.

Any suggestions for our kingdom:

Any concerns/problems that need to be expressed: