

Fencing Event Report Form

please submit this form to your Regional Fencing Marshal within a month of the event

Date: _____ Marshal-in-Charge: _____

Name of Event: _____

Area: _____ Was the tourney held Indoors or Outside ?

Tourney Format: _____

if a special format is being used please describe it in detail

Number of Fencers: _____ Were other tournaments held (Y / N)
if yes - what type _____

Who helped you marshal ? _____

Did you bounce any weapons/armor ? _____

Was there any blade breakage ?

Were there any injuries ? Y / N If so - who was the attending surgeon
? _____

Were there any specific problems that came up ?

Were authorizations conducted ? Y / N How many ? _____

In general, how did the authorizations go ? _____

THANK YOU !!!!!!!!!!!!!!!!!!!!!!!