Æthelmearc Marshal's Quarterly Report Form

This form is to be completed and post-marked no later than the 15th of February, May, August, & November.
(Forms available for electronic submissions.)

Group Name: _____ Date: _____

Marshal's Name: _____ Deputy: _____
Society Name Society Name

_____ _____
Mundane Name Mundane Name

Address: _____ _____

_____ _____

City, State, Zip: _____ _____

Phone Number: _____ _____

E-mail: _____ _____

Below Please enter the following information about the Combat in your area.
(Do not include information about fencing, target archery, or Schlager.)

Location(s) of Local Practice(s): _____ Time(s) of Local Practice(s): _____

Total Heavy Weapon Fighters: _____ Total Non-Contact Participants (Scouts): _____

Total Combat Archers: _____ **Total Authorized in Combat Activities**: _____

Comments: _____

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