

TARGET ARCHERY MARSHAL'S REPORT

SCA Name:

Legal (Mundane) Name:

Date:

Events run or assisted:

Events shot:

Problems if any:

Needs if any:

Suggestions:

Other:



Trimarian Marshallate

Injury Report

This form should be used only if the injury is serious enough that it requires medical attention. Use common sense and be as objective as possible. Keep a copy for your files and send one to the Earl Marshal and one to the Kingdom Chirurgeon within two weeks of the incident.

Date of Report _____

Submitted By: _____

Mka: _____

Address _____

City _____ State _____ Zip _____

Phone _____

Name/Description of Event _____

Location _____

Date Event Held _____

Chirurgeon on site: _____

Mka: _____ Phone _____

SCA Name of injured: _____

Mundane Name: _____ Phone _____

Address _____

City _____ State _____ Zip _____

Give as complete a description as possible of incident and nature of injuries (use back and/or extra sheets if necessary):



Primarian Marshallate

Incident Report

This form should be used only if the incident is serious enough that it required sanction (i.e. Fighter removed from the field, list, had to be reprimanded, etc.). Use common sense and be as objective as possible. Keep a copy for your files and send one to the Earl Marshal within two weeks of the incident.

Date of Report _____

Submitted By: _____

Mka: _____

Address _____

City _____ State _____ Zip _____

Phone _____

Name/Description of Event _____

Location _____

Date Event Held _____

SCA Name of individual(s) involved in incident: _____

Group or household associated with: _____

Give as complete a description as possible of incident and individual(s) involved, be sure to include any sanctions, warnings, etc. imposed at the event (use back or extra sheets if necessary):