

Fighter Practice Waiver Report

Notice: Only one fighter practice waiver report should be submitted per group. If your group has more than one marshal activity, one coordinating marshal should submit the report for the entire group.

Fighter Practice Information

Quarter, Year	1st = January 1 – March 31 2nd = April 1 – June 30 3rd = July 1 – September 30 4th = October 1st – December 31
Hosting Group	
Number of Adult Waivers Signed	
Number of Minor Waivers Signed	

Marshal Information*

Modern Name
SCA Name
Street Address
City, State Zip
Phone (Specify Day or Night)
E-mail Address

*If more than one marshal supervised fighter practices for your group, please attach a separate sheet listing marshal information for additional marshals.

Seneschal Information

Modern Name
SCA Name
Street Address
City, State Zip
Phone (Specify Day or Night)
E-mail Address

Done by my hand, this	Day of	In the Year
Legal Signature, Coordinating Marshal of		
Hosting Group		