

Fighter Practice Waiver Report – No Waivers

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	

Marshal Information* (If your group has no marshal, write “NONE”.)

Legal 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. If no fighter practices were held, write “none” in modern name section.

Seneschal Information

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

Certification Information (Marshal, or if no Marshal, then Seneschal completes this section)

I certify that no fighter practice waivers were signed during this period.

Legal Name		
Submitted electronically this	Day of	In the Year