



SCA NAME OF PERSON REPORTING		MODERN NAME OF PERSON REPORTING		
TELEPHONE (INCLUDE AREA CODE)		EMAIL ADDRESS		
NAME OF EVENT		BRANCH		DATE OF EVENT
LOCATION OF EVENT (EG, HAPPY VALLY FAIRGROUND, TOWNSVILLE, STATE/PROV)		<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR		IF OUTDOOR, WEATHER CONDITIONS
STYLE OF TOURNAMENT (EG, DOUBLE ELIM., ROUND ROBIN)	DATE LISTS OPENED FOR PRE-REG	DATE LISTS CLOSED FOR PRE-REG	TIME LISTS OPENED ON SITE	TIME LISTS CLOSED ON SITE
START TIME OF TOURNAMENT	CLOSE TIME OF TOURNAMENT	LENGTH OF TOURNAMENT	NUMBER OF ROUNDS	NUMBER OF COMBATANTS
TYPE OF TOURNAMENT <input type="checkbox"/> ARMoured <input type="checkbox"/> RAPIER <input type="checkbox"/> ARCHERY <input type="checkbox"/> EQUESTRIAN <input type="checkbox"/> SIEGE <input type="checkbox"/> CUT-AND-THRUST <input type="checkbox"/> THROWN WEAPONS <input type="checkbox"/> OTHER (SPECIFY)				
VICTOR		2ND PLACE		
OTHER AWARDS				
DESCRIPTION OF EVENT				
ANY ISSUES OR PROBLEMS?				
LISTS KEPT BY				
OTHER VOLUNTEERS (PAGES, RUNNERS, ETC.)				

**ADDITIONAL COMMENTS / OTHER NOTES (EQUIPMENT NEEDING TO BE REPLACED, ANYTHING ELSE TO BE NOTED) – USE PAGE 2.**

