



# KINGDOM OF ANTIR

# WAIVER SUBMISSION COVER LETTER

BRANCH \_\_\_\_\_

<input type="checkbox"/> <b>REGULAR PRACTICE</b>		<input type="checkbox"/> <b>EVENT OR DEMO</b>	
QUARTER BEING REPORTED  <input type="checkbox"/> 1ST (JAN - MAR), YEAR: _____ <input type="checkbox"/> 2ND (APR - JUN), YEAR: _____ <input type="checkbox"/> 3RD (JUL - SEP), YEAR: _____ <input type="checkbox"/> 4TH (OCT - DEC), YEAR: _____		NAME OF EVENT OR DEMO  DATE OF EVENT OR DEMO	
ACTIVITY <input type="checkbox"/> ARMOURED (HEAVY) <input type="checkbox"/> RAPIER <input type="checkbox"/> COMBAT ARCHERY <input type="checkbox"/> EQUESTRIAN <input type="checkbox"/> YOUTH ARMORED COMBAT (YAC)		TOTAL ATTENDANCE	
If your branch does not have practices for any one or more of the disciplines requiring waivers, you can submit the following Report of Non-Activity <b>once per year</b> . Please submit by the end of the first quarter for the year you are reporting the non-activity.		TOTAL ADULT WAIVERS ATTACHED	TOTAL NUMBER OF ADULT SIGNATURES
		TOTAL MINOR WAIVERS ATTACHED	TOTAL NUMBER OF CHILDREN
<input type="checkbox"/> <b>REPORT OF NON-ACTIVITY</b>  <input type="checkbox"/> ARMOURED (HEAVY) <input type="checkbox"/> RAPIER <input type="checkbox"/> COMBAT ARCHERY <input type="checkbox"/> EQUESTRIAN  YEAR: _____		TOTAL EQUESTRIAN WAIVERS ATTACHED	TOTAL NUMBER OF EQUESTRIANS
		SCA NAME OF EVENT STEWARD	
		MODERN NAME OF EVENT STEWARD	
		EVENT STEWARD EMAIL ADDRESS OR PHONE NUMBER	

<input type="checkbox"/> <b>LOST WAIVERS</b>  If reporting lost waivers, please explain the circumstances under which they were lost:
---

SUBMITTED BY (PRINT OR TYPE)	EMAIL ADDRESS OR PHONE NUMBER
------------------------------	-------------------------------