

Kingdom of Gleann Abhann

Rapier Combat

Event Report

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|---------------------|-------|
| Event Name: | Date: |
| Hosting Group Name: | |
| Reporting Marshal: | |
| General Comments: | |
| Authorizations: | |

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|--|-----------|--------|---------|
| Title (if any): | MiC: | | |
| Type: | MoL: | | |
| Concept: | | | |
| Fighters: | Marshals: | RMiTs: | Victor: |
| Noteworthy Occurrences: | | | |
| Marshals comments (problems or suggestions): | | | |

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| Noteworthy Occurrences: | | | |
| Marshals comments (problems or suggestions): | | | |

Please use an additional form if there were more than 2 activities at this event.
 Attach Rosters of Fighters for each activity and send with next quarterly report