

# Combat Report Form

Please remember to use a Sign in Sheet for all combat activities.

SCA Name \_\_\_\_\_

Home Group \_\_\_\_\_

Mundane Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone no. \_\_\_\_\_ E-Mail \_\_\_\_\_

Event \_\_\_\_\_

Autocrat \_\_\_\_\_

Group put on event \_\_\_\_\_

Date \_\_\_\_\_ Marshal in Charge \_\_\_\_\_

Number of Participants \_\_\_\_\_ Indoor / Outdoor \_\_\_\_\_

Type of activities \_\_\_\_\_

Chirurgeon in charge \_\_\_\_\_

Where there injuries: Y / N if yes, what type \_\_\_\_\_

Authorization Conducted? Y / N if yes, how many \_\_\_\_\_

Who helped you? \_\_\_\_\_

Signature of MOL in Charge \_\_\_\_\_