



KINGDOM OF AN TIR

LISTS REPORTING FORM

SCA NAME OF PERSON REPORTING		MUNDANE 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)		<input type="checkbox"/> HEAVY <input type="checkbox"/> RAPIER	TIME LISTS OPENED	TIME LISTS CLOSED
START TIME OF TOURNAMENT	CLOSE TIME OF TOURNAMENT	LENGTH OF TOURNAMENT	NUMBER OF ROUNDS	NUMBER OF COMBATANTS
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)				