



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)					