



# KINGDOM OF AN TIR

# WAIVER SUBMISSION COVER LETTER

BRANCH \_\_\_\_\_

<input type="checkbox"/> REGULAR PRACTICE	<input type="checkbox"/> EVENT OR DEMO
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	TOTAL ATTENDANCE  TOTAL ADULT WAIVERS ATTACHED
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 MINOR WAIVERS ATTACHED
	TOTAL EQUESTRIAN WAIVERS ATTACHED
<input type="checkbox"/> REPORT OF NON-ACTIVITY  <input type="checkbox"/> ARMoured (HEAVY) <input type="checkbox"/> RAPIER <input type="checkbox"/> COMBAT ARCHERY <input type="checkbox"/> EQUESTRIAN  YEAR: _____	SCA NAME OF AUTOCRAT
	MUNDANE NAME OF AUTOCRAT
	AUTOCRAT 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:
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SUBMITTED BY (PRINT OR TYPE)	EMAIL ADDRESS OR PHONE NUMBER
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