



**EVENT:** \_\_\_\_\_

**Sponsoring Branch:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***LIST OFFICER IN CHARGE***

**SCA Name:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**Modern Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

***AUTHORIZATIONS***

Were authorizations performed at this event: YES / NO (Please Circle one)

**ARMORED COMBAT:** \_\_\_\_\_ # of authorizations

**RAPIER/FENCING:** \_\_\_\_\_ # of authorizations

**YOUTH:** \_\_\_\_\_ # of authorizations

**Are the forms enclosed with your report? YES/NO If not, who is responsible for sending them in?** \_\_\_\_\_

*Any issues or problems or events of note during the tournaments? Please include any database issues you may have come across.*

*Request for action from Kingdom or Regional Minister of the Lists? (Please specify)*

**ADDITIONAL CONTACTS**

	<b>Autocrat</b>	<b>Armored MiC</b>	<b>Fencing MiC</b>
<i>SCA Name</i>			
<i>Modern Name</i>			
<i>Phone or E-Mail</i>			

*(MiC = Marshal in Charge)*

❖ *Before submitting your report, please review any authorization paperwork for the following:*

- *Is the mailing address complete and legible?*
- *Are all weapons forms clearly marked?*
- *Does the form have the required Marshal Signatures?*
- *Is the waiver signed?*
- *Did you address your envelope to the current Kingdom MoL?*

*Kate Crandall  
EK Minister of Lists  
PO Box 5561  
Colonie, NY 12205*

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*Thank you for your report!*