



# Kingdom of Ansteorra

## Monthly Report



LOCAL GROUP

\_\_\_\_\_ Date \_\_\_\_\_

Reporting Month \_\_\_\_\_ Region \_\_\_\_\_

Number of Fighter Practices \_\_\_\_\_ Number of other Fighting Events \_\_\_\_\_

Fighter Practices \_\_\_\_\_ (dates)

Authorized Fighters \_\_\_\_\_

Unauthorized Fighters \_\_\_\_\_

Authorizations \_\_\_\_\_

Injuries \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes explain briefly type and probable cause.

\_\_\_\_\_  
\_\_\_\_\_

If injury is severe supplement this report with a separate injury report and call your Regional marshal immediately!

Special Events (drills, traveling practice, etc) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This area is for questions or comments that you might have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Reporting Marshal \_\_\_\_\_

Phone Number of Reporting Marshal \_\_\_\_\_