

# Kingdom of Gleann Abhann

## Rapier Combat

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### Event Report

Event Name:	Date:
Hosting Group Name:	
Reporting Marshal:	
General Comments:	
Authorizations:	

Title (if any):	MiC:		
Type:	MoL:		
Concept:			
Fighters:	Marshals:	RMiTs:	Victor:
Noteworthy Occurrences:			
Marshals comments (problems or suggestions):			

Title (if any):	MiC:		
Type:	MoL:		
Concept:			
Fighters:	Marshals:	RMiTs:	Victor:
Noteworthy Occurrences:			
Marshals comments (problems or suggestions):			

Please use an additional form if there were more than 2 activities at this event.  
 Attach Rosters of Fighters for each activity and send with next quarterly report