



Kingdom of Lochac

Event Report Form

To be completed for every event by the Chirurgeon in Charge

EVENT: _____

EVENT Date(s): _____ HOSTING GROUP: _____

LOCATION: _____ STATE (OR TERR): _____

STEWARD: _____ MARSHAL-In-CHARGE: _____

C-i-C: _____ MKA: _____

OTHER CHIRURGEONS/PERSONS ON DUTY OR PRESENT (Attach Sign in Sheet(s)):

No Warranted: _____ No Apprenticed: _____ Water Bearers on Duty: _____ No Potential Applicants: _____

No of Participants at the Event:

Heavy: _____ Rapier: _____ Archer: _____ Non-Combatants: _____

Plumed Combatant: _____ Plumed Auxiliary: _____

WEATHER AND TERRAIN CONDITIONS: _____

ACTIVITIES HELD: _____

BRIEF SUMMARY OF MEDICAL INCIDENTS (Attach Incident Form(s) if any were reported): _____

COMMENTS/RECOMMENDATIONS (Attach additional sheet if necessary): _____

SIGNATURES OF THE CHIRURGEON-IN-CHARGE:

SCA: _____ Mundane: _____ Date: _____

* Send copy of Event Report only to Marshal-in-Charge if one or more fighters were treated.

Mail Original(s) within 10 Days of the Event to the Lochac Chirurgeon. A copy to be kept for your files