

Kingdom of Lochac Chirurgeonate



Date : _____

Event Summary Sheet

To be used in conjunction with incident reports and sign-in sheets as necessary. Event: Date: Hosting Group :_____ Location: State : _____ Steward: Marshal-in-Charge: Chirurgeon-in-Charge: No. of other chirurgeons present : (attach sign-in sheet) No. of participants: Heavy _____ Rapier Archers _____ Non-combatants Activities Held: Brief summary of incidents: (attach incident forms if necessary) Issues identified : _____

Signature of C-i-C: