**Quarterly Group Armoured Combat Marshals Report Form**

Group Name:

Group Type:

**Armoured Combat Marshal Details**

SCA Name:

Mundane Name:

Membership Number:

Membership Expiry:

Warranted since:

**ACM Deputy Details**

SCA Name:

Mundane Name:

Membership Number:

Membership Expiry:

**Activity**

Events Held this Quarter: (number and descriptions)

Incidents: (number and descriptions)

Injuries: (number and descriptions)

Health of Trainings:

Number of Active Heavy Combatants:

Number of Active Combat Archers:

Number of Active Heavy Marshals:

Number of Active Senior Marshals:

\*Active meaning members that have attended events and trainings regularly in the quarter.

New/Renewed Authorizations: (name and type of authorization)

Comments: (planned improvements for next quarter/ progress on initiatives)