

The Adrian Empire, Inc.
Sign-In Form for:

Event ID: _____

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Event Description:

DD/MM/YYYY:

Chapter:

Autocrat:

Location:

Minister of Joust & War:

Crown Marshal:

COMBAT

By adding my name to this form, I agree that I have received instructions from the Crown Marshal, have read, do understand, and will abide by ALL rules set forth in the Combat Manual, Marshal's Manual, and Waiver of The Adrian Empire, Inc.

Marshal:	Marshal:	Marshal:
WINNERS:	SGT Rapier/Waster:	Cut/Thrust:
SGT Shinai:	KNT Rapier/Waster:	Armored:

	MEMBER'S LEGAL NAME (Print: Last, First)	PERSONA NAME	SGT Shinai	SGT Wstr	SGT/ KNT Rapier	KNT Wstr	C/T	Armored	Wins	Combat CARD
1					S K					
2					S K					
3					S K					
4					S K					
5					S K					
6					S K					
7					S K					
8					S K					
9					S K					
10					S K					
11					S K					
12					S K					
13					S K					
14					S K					
15					S K					

Verified By: _____