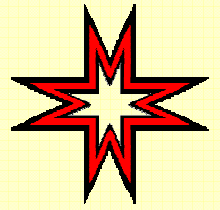


# OFFICIAL EVENT FORM

Markland Medieval Mercenary Militia, Ltd.  
P.O. Box 715, Greenbelt, MD 20768-0715



Date/Time	Event	Sponsor Group
Location of Event (include directions or map with this form)		
Event Organizer Name	Phone	Email
Address		
Name and Address of person of legal drinking age (required if organizer is not and liquor is being served)		
Sponsor (if other than MARKLAND Group) include Address & Phone		
Comments: YES NO (include separate document for Comments and/or additional information)		

Will MARKLAND receive a donation?	\$	No
Will participants be compensated?	\$	No
Will liquor be served?	Yes	No
Is it a public event?	Yes	No
Is there a site fee?	\$	No
Tickets?	\$	No
First aid kit?	Yes	No

EVENT RATING
Authentic
Show
None

Required Insurance Information		
For the site to be included on our insurance binder, you must provide the following information...		
Does the holder wish to be listed as an additional insured on the Markland insurance binder?	Yes	No
Site Manager's Name		
Site Address		
Site Phone Number		
Steel Qualifier (Name & Telephone) if there is Rec Fighting		
Head Reeve (Name & Telephone) if there is Frat Fighting		
Horse Guild (Name & Telephone) If there is Horses		
Paige Program Head Reeve (Name & Telephone) If there is Youth Fighting		

Approvals		
Organizer's Signature/Date	Officer 1/Date	Officer 2/Date