



Outlands Chirurgeonate

Chirurgeon In Charge Event Report



Event Name: _____ **Date(s):** _____ **to** _____
Location: _____ **Hosting Branch:** _____
Autocrat: _____ **Phone Number:** _____
Chirurgeon-in-Charge: _____ **Phone Number:** _____
Marshal(s)-in-Charge: _____ **Phone Number(s):** _____

Attendance¹: _____ **Total Fighters²:** _____ **Heavy:** _____ **Rapier:** _____ **Equestrian/Non-contact:** _____
¹ Obtain attendance from Autocrat or Gate ² Obtain total fighters from the appropriate Marshal-in-Charge

Weather and Conditions: _____

Warranted Chirurgeons Attending

| SCA Name | Rank | Branch |
|----------|------|--------|
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Chirurgeons-in-Training Observed³

| SCA Name | Branch | Observed By (SCA Name) |
|----------|--------|------------------------|
| | | |
| | | |
| | | |

³ Attach Chirurgeon-in-Training Evaluation form(s)

Total Injuries: _____ Separate incident forms attached:
Total Severe Injuries: _____ (Notify Kingdom Chirurgeon of severe injuries within 24 hours of the end of the event.)
Really! Nothing Happened!

People deserving commendation and Why (Use the back of the sheet or attach a separate sheet if necessary):

Issues: (Use back or attach separate sheet if needed – Notify Kingdom Chirurgeon of major issues within 24 hours of event.)

Other comments or observations:

Chirurgeon-in-Charge: _____ **Date:** _____

_____ _____

Legal Name

Legal Signature

Send completed form to:

Lady Roise inghean Domhnaill,
 Outlands Kingdom Chirurgeon
 c/o Danette Hobbs
 3017 Devils Tower Circle
 El Paso, TX 79904-2604