

The Adrian Empire Sign-in Form for:
COMBAT

I agree, by signing below, that I have read, understand, and will abide by all rules set forth in the Combat Manual and Marshal's Manual of the Adrian Empire, Inc.

Event (and type):
Date (w/year):
Host Subdivision:
Location:
Minister J/W:
Crown Marshal:

Marshal:	Marshal:	Marshal:
Marshal:	Marshal:	Marshal:

	MEMBER'S LEGAL NAME (Last, First)	SIGNATURE (if minor, sig. of parent/legal guardian)	PERSONA NAME	Sgt. Shinai	Sgt. Rapier	Kni. Rapier	Kni. Cut/Thrst	Kni. Armrd	WIN(s)	Combat Card
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										