

**Realms of History, Inc.  
Combat and Marshal Qualification**

**Chapter:** \_\_\_\_\_

**General of Combat:** \_\_\_\_\_

**Beginning Date:** \_\_\_\_\_

**Ending Date:** \_\_\_\_\_

**I, the below signed member, do hereby acknowledge I have read and understand the rules of Combat and Marshaling. I do hereby acknowledge my responsibility in that if I fail to adhere to these rules, I understand my privilege of participating in combat and being a marshal may be revoked by the Crown of my chapter upon recommendation of the General of Combat. Revocation of combat privilege can be up to one (1) year.**

	Member's Legal Name Last - First	Persona	Member's Signature	Qualification and Date				General of Combat Signature
				Waister	Rapier	Armored	Marshal	
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