

Fiberglass Combat Archery Ammunition Experiment Report
Please Print

Event:	Date:
Location:	
Region:	Group:
SCA Name:	Mundane Name:
Marshal in Charge:	
Inspecting Marshal:	

Number of scenarios allowing CA: _____ **Number of scenarios participated in:** _____

(Please fill in the details for each scenario below)

Scenario type: (Bridge, Gate, ect.)		Number of participants:
Check one: <input type="checkbox"/> Bow <input type="checkbox"/> Crossbow	Number of arrows or bolts inspected: (Minimum of 12)	Number of arrows or bolts Passed _____ Failed _____
Reason/s for failure:		Were they repaired and re-inspected?
Number of arrows/bolts shot:	Estimated number of hits:	
Problems:		
Comments:		
Breakdown of fighters opinions:		
Liked _____ Disliked _____ No opinion _____		

Scenario type: (Bridge, Gate, ect.)		Number of participants:
Check one: <input type="checkbox"/> Bow <input type="checkbox"/> Crossbow	Number of arrows or bolts inspected: (Minimum of 12)	Number of arrows or bolts Passed _____ Failed _____
Reason/s for failure:		Were they repaired and re-inspected?
Number of arrows/bolts shot:	Estimated number of hits:	
Problems:		
Comments:		
Breakdown of fighters opinions:		
Liked _____ Disliked _____ No opinion _____		

Forward this report to the DKEM of Experimental Weapons with in 7 days of the event.

Event:		Date:	
Scenario type: (Bridge, Gate, ect.)		Number of participants:	
Type of bow: check <input type="checkbox"/> Bow <input type="checkbox"/> Crossbow	Number of arrows or bolts inspected: (Minimum of 12)	Number of arrows or bolts Passed _____ Failed _____	
Reason/s for failure:		Were they repaired and re-inspected?	
Number of arrows/bolts shot:		Estimated number of hits:	
Problems:			
Comments:			
Breakdown of fighters opinions: Liked _____ Disliked _____ No opinion _____			
Scenario type: (Bridge, Gate, ect.)		Number of participants:	
Check one: <input type="checkbox"/> Bow <input type="checkbox"/> Crossbow	Number of arrows or bolts inspected: (Minimum of 12)	Number of arrows or bolts Passed _____ Failed _____	
Reason/s for failure:		Were they repaired and re-inspected?	
Number of arrows/bolts shot:		Estimated number of hits:	
Problems:			
Comments:			
Breakdown of fighters opinions: Liked _____ Disliked _____ No opinion _____			
Scenario type: (Bridge, Gate, ect.)		Number of participants:	
Check one: <input type="checkbox"/> Bow <input type="checkbox"/> Crossbow	Number of arrows or bolts inspected: (Minimum of 12)	Number of arrows or bolts Passed _____ Failed _____	
Reason/s for failure:		Were they repaired and re-inspected?	
Number of arrows/bolts shot:		Estimated number of hits:	
Problems:			
Comments:			
Breakdown of fighters opinions: Liked _____ Disliked _____ No opinion _____			