

**AMERICAN FRONTIER REENACTMENT GUILD**

**Monthly Reporting Form**

This form must be faxed to AFRG (913) 294-4533 on the 5<sup>th</sup> of the month, or mailed by the end of the reporting month to allow for arrival here on the 5th. Form must be completed fully and signed to insure proper coverage for your event.

Event1: \_\_\_\_\_ Event2: \_\_\_\_\_

Event3: \_\_\_\_\_ Event4: \_\_\_\_\_

Location1: \_\_\_\_\_ Location2: \_\_\_\_\_

Location3: \_\_\_\_\_ Location4: \_\_\_\_\_

Date1: \_\_\_\_\_ Date2: \_\_\_\_\_ Date3: \_\_\_\_\_

Date4: \_\_\_\_\_

Description of all Events: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AFRG Member Participants:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Each AFRG participant is totally aware of the AFRG Safety Rules prior to the event. A copy of the AFRG Safety Rules was provided to the Event Contact as needed.

Event Contact: \_\_\_\_\_ Contact phone \_\_\_\_\_

Submitted By: \_\_\_\_\_ Phone: \_\_\_\_\_

-----AFRG Office Use Only-----

Company Name: American Frontier Reenactment Guild

Policy Number SC1001051 Month Completed: \_\_\_\_\_, 2010

W. Richard Sobek  
Print Name

913-557-4459  
Daytime Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date