

# 2010 SAFD Skills Proficiency Test Record Form – ADJUDICATION REPORT

SAFD CERTIFIED TEACHER NAME: \_\_\_\_\_  
 CT PHONE NUMBER: \_\_\_\_\_  
 CT E-MAIL ADDRESS: \_\_\_\_\_  
 DATE OF SKILLS TEST (MM/DD/YY): \_\_\_\_\_  
 LOCATION OF SPT (CITY/STATE): \_\_\_\_\_

SAFD ADJUDICATOR: \_\_\_\_\_  
 SCHOOL OR ORGANIZATION: \_\_\_\_\_  
 NUMBER OF SPT'S: \_\_\_\_\_  
 NUMBER OF RENEWALS: \_\_\_\_\_  
 Number of Students Joining SAFD \_\_\_\_\_

*Please complete appropriate boxes:*

*(BP = Basic Pass, RP = Recommended Pass, BR = Basic Renewal, RR = Recommended Renewal, X = No Pass)*

	Name (please print)	BS	KN	QS	R&D	SiS	SS	S&S	UA
1									
.									
2									
.									
3									
.									
4									
.									
5									
.									
6									
.									
7									
.									
8									
.									
9									
.									
10									
.									
11									
.									
11									
.									
1									

## 2010 SAFD Skills Proficiency Test Record Form – STUDENT REPORT

1 3 .									
1 4 .									
1 5 .									
1 6 .									

*BS: Broadsword Kn: Knife QS: Quarterstaff R&D: Rapier & Dagger SiS: Single Sword SS: Small sword S&S: Sword & Shield UA: Unarmed. NOTE: As of January 1, 2009, AC Status is administered by the Secretary. Students must contact the Secretary and submit the appropriate paperwork in order to receive AC status at [secretary@safd.org](mailto:secretary@safd.org). This, and all forms, can be downloaded at [www.safd.org/forms](http://www.safd.org/forms)*

SAFD Adjudicator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SAFD Secretary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Use This Side if ANY SPT's are offered!</b>				<b>Use This Side for Renewals Only!</b>			
<i>-All students are testing (\$35)</i>				<i>-There are no students testing</i>			
<i>-Some students are testing (\$35) and some are renewing (\$25)</i>				<i>-All students are renewing</i>			
<i>-Some students are both testing AND renewing (\$35)</i>				<i>-Renewals held at Regional Workshops</i>			
<b>INCOME</b>				<b>INCOME</b>			
# of Students just Testing		X \$35		# of Students Renewing		X \$25	1.
# of Students just Renewing		X \$25		<b>EXPENSES</b>			
# of Students Testing & Renewing		X \$35		<b>Total due Adjudicator:</b>			
<b>TOTAL INCOME</b>			1.	# of Students Renewing		X \$10	2.
<b>EXPENSES</b>				<b>TEST FEES DUE SAFD</b>			
Adjudicator Fee: \$200 (1-19 students); \$300 (20-29 students);				<b>Total Due SAFD:</b>			
				# of Students Renewing		X \$15	3.
				<b>MEMBERSHIPS</b>			
				Number of Students joining		X \$30	4.

## 2010 SAFD Skills Proficiency Test Record Form – STUDENT REPORT

\$400 (30-39 students); \$500 (40-49 students); \$600 (50-59 students) \$700 (over 60 students)					SAFD: <i>Remember to include a completed membership form for each student.</i>
Airfare:					
Housing:					
Mileage (# of Miles):		X \$0.50			
Per diem (# of days):		X \$30			
MISC Expenses (Attach Receipts):					<b>GRAND TOTAL DUE SAFD (Lines 3 &amp; 4)</b>
<b>TOTAL EXPENSES</b>			2.		
<b>TEST FEES DUE SAFD</b>					<p><i>Please Send ALL Completed Forms and Payment to:</i></p> <p><b>The Society of American Fight Directors</b>  <b>1350 East Flamingo Road, #25</b>  <b>Las Vegas, NVV 89119</b></p> <p>_____</p> <p>SAFD Treasurer Signature <span style="float: right;">Date</span></p>
Income (Line 1) MINUS Expenses (Line 2) <i>Must be AT LEAST \$50</i>			3.		
<b>MEMBERSHIPS</b>					
Number of Students joining SAFD: <i>Remember to include a completed membership form for each student.</i>		X \$30	4.		
<b>GRAND TOTAL DUE SAFD (Lines 3 &amp; 4)</b>			5.		

- Have you enclosed an adjudication report (page 1), financial report (page 2), student report (page 3) and payment?
- Have you enclosed a completed membership form for EACH student joining the SAFD?
- Have you indicated "TEST" or "MEMBERSHIP" on the memo line of each check?

*(Please Complete for Each Student Testing or Renewing & Print Legibly)*

Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
E-mail:	E-mail:
Write "NO" in the box on the left if you do NOT want to be contacted about additional stage combat training opportunities.	Write "NO" in the box on the left if you do NOT want to be contacted about additional stage combat training opportunities.
Name:	Name:
Address:	Address:

## 2010 SAFD Skills Proficiency Test Record Form – STUDENT REPORT

<i>City/State/Zip:</i>	<i>City/State/Zip:</i>
<i>Phone:</i>	<i>Phone:</i>
<i>E-mail:</i>	<i>E-mail:</i>
Write "NO" in the box on the left if you do NOT want to be contacted about additional stage combat training opportunities.	Write "NO" in the box on the left if you do NOT want to be contacted about additional stage combat training opportunities.
<i>Name:</i>	<i>Name:</i>
<i>Address:</i>	<i>Address:</i>
<i>City/State/Zip:</i>	<i>City/State/Zip:</i>
<i>Phone:</i>	<i>Phone:</i>
<i>E-mail:</i>	<i>E-mail:</i>
Write "NO" in the box on the left if you do NOT want to be contacted about additional stage combat training opportunities.	Write "NO" in the box on the left if you do NOT want to be contacted about additional stage combat training opportunities.
<i>Name:</i>	<i>Name:</i>
<i>Address:</i>	<i>Address:</i>
<i>City/State/Zip:</i>	<i>City/State/Zip:</i>
<i>Phone:</i>	<i>Phone:</i>
<i>E-mail:</i>	<i>E-mail:</i>
Write "NO" in the box on the left if you do NOT want to be contacted about additional stage combat training opportunities.	Write "NO" in the box on the left if you do NOT want to be contacted about additional stage combat training opportunities.

- PLEASE NOTE: Students joining or renewing their membership with the SAFD **must** fill out the 2010 membership form, which can be downloaded at [www.safd.org/forms](http://www.safd.org/forms).

*(Please Complete for Each Student Testing or Renewing & Print Legibly)*

<i>Name:</i>	<i>Name:</i>
<i>Address:</i>	<i>Address:</i>
<i>City/State/Zip:</i>	<i>City/State/Zip:</i>
<i>Phone:</i>	<i>Phone:</i>
<i>E-mail:</i>	<i>E-mail:</i>
Write "NO" in the box on the left if you do NOT want to be contacted about additional stage combat training opportunities.	Write "NO" in the box on the left if you do NOT want to be contacted about additional stage combat training opportunities.
<i>Name:</i>	<i>Name:</i>
<i>Address:</i>	<i>Address:</i>
<i>City/State/Zip:</i>	<i>City/State/Zip:</i>

## 2010 SAFD Skills Proficiency Test Record Form – STUDENT REPORT

<i>Phone:</i>		<i>Phone:</i>	
<i>E-mail:</i>		<i>E-mail:</i>	
	Write "NO" in the box on the left if you do NOT want to be contacted about additional stage combat training opportunities.		Write "NO" in the box on the left if you do NOT want to be contacted about additional stage combat training opportunities.
<i>Name:</i>		<i>Name:</i>	
<i>Address:</i>		<i>Address:</i>	
<i>City/State/Zip:</i>		<i>City/State/Zip:</i>	
<i>Phone:</i>		<i>Phone:</i>	
<i>E-mail:</i>		<i>E-mail:</i>	
	Write "NO" in the box on the left if you do NOT want to be contacted about additional stage combat training opportunities.		Write "NO" in the box on the left if you do NOT want to be contacted about additional stage combat training opportunities.
<i>Name:</i>		<i>Name:</i>	
<i>Address:</i>		<i>Address:</i>	
<i>City/State/Zip:</i>		<i>City/State/Zip:</i>	
<i>Phone:</i>		<i>Phone:</i>	
<i>E-mail:</i>		<i>E-mail:</i>	
	Write "NO" in the box on the left if you do NOT want to be contacted about additional stage combat training opportunities.		Write "NO" in the box on the left if you do NOT want to be contacted about additional stage combat training opportunities.

- PLEASE NOTE: Students joining or renewing their membership with the SAFD **must** fill out the 2010 membership form, which can be downloaded at [www.safd.org/forms](http://www.safd.org/forms).