

Society of American Fight Directors SPT/SPR Adjudication Report
Student Roster Information and Results

Event title or organization name: _____

Testing date: _____

Student Information

First name: _____

Middle initial: _____

Last name: _____

E-mail address: _____

SAFD Member ID: _____

- Membership status:
- Current member
 - Expired member
 - Not a member
 - New member (joined SAFD at this event)

Test Results

	Weapon(s) Tested	Basic Pass	Recommended Pass	Renewal
<input type="checkbox"/>	Rapier and Dagger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Single Sword	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Unarmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Small Sword	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Broadsword	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Broadsword and Shield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Quarterstaff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Knife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>