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	Membership Number* Candidate Name (Legal)				to allow a Marshal in ling activities they hav	Training (MIT		d of their training ov						hould fill in the	<b>1</b> 📥	
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	I Confirm that in my o	pinion the candidate	has completed	the training requ	uired in a satisfactory	manner and a	are ready to become	e a Period Fencing I	Marshal.		]					
	Signed:			<u> </u>			Date:				1					

Page 2

Membership Number	*		Cu	King t And Thrust Ma	dom of Dra Arshal in Tra		ce Record								
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Candidate Name (Persona)				-	-	-	should be gathered a n which has been wit	-	-		-	ber of marshals.	A form containing ONI	Y	
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Field Ma	arshaling Activities															
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