

MARSHAL TRAINING LOG

Event: _____ Date: _____

Armor and Weapons Inspection: _____

Authorization: _____

Marshaling in the List (If any): _____

Marshaling Melee (If any): _____

Event: _____ Date: _____

Armor and Weapons Inspection: _____

Authorization: _____

Marshaling in the List (If any): _____

Marshaling Melee (If any): _____

Event: _____ Date: _____

Armor and Weapons Inspection: _____

Authorization: _____

Marshaling in the List (If any): _____

Marshaling Melee (If any): _____

Signatures of Testing Marshalls **Date:** _____

Regional Deputy Marshal: _____

Additional Testing Marshal: _____