



Event Reporting Form

Date _____ Event Code: _____

Location _____

GM Org Play #:		GM Name:			GM Faction:					
Adventure #:				Adventure Name:						
Reporting Codes: (check when instructed, line through all if no conditions to report)					<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	Fame Earned:	
Bonus Faction Goal Achieved:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Scenario-based Infamy earned?		<input type="checkbox"/> Yes		<input type="checkbox"/> No
Faction:										
Player Name:		Org Play #:		- 2		<input type="checkbox"/> Grand Archive <input type="checkbox"/> Radiant Oath <input type="checkbox"/> Vigilant Seal <input type="checkbox"/>		<input type="checkbox"/> Envoy's Alliance <input type="checkbox"/> Horizon Hunters <input type="checkbox"/> Verdant Wheel		<input type="checkbox"/> Slow Track
Character Name:		Class		Level						<input type="checkbox"/> Dead
										<input type="checkbox"/> Infamy
Faction:										
Player Name:		Org Play #:		- 2		<input type="checkbox"/> Grand Archive <input type="checkbox"/> Radiant Oath <input type="checkbox"/> Vigilant Seal <input type="checkbox"/>		<input type="checkbox"/> Envoy's Alliance <input type="checkbox"/> Horizon Hunters <input type="checkbox"/> Verdant Wheel		<input type="checkbox"/> Slow Track
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