



PARTICIPANT FORM

Participant's Name: _____ Gender: M F

Team Member's Name (or ID number): _____

Event Date: ___/___/___ Location of the event: _____

Game Played: _____

Adventure Title (or number): _____

Opinion Data (Enter numerical rating, 1 through 10)

Team Member Running Event:

Pros

Cons

Adventure Run:

Pros

Cons

System Run:

Pros

Cons

Feedback on R. Talsorian Games, Inc.: