

Event Name: _____ Event Code: _____
(This number was given to the organizer when the event was scheduled.)

Adventure Title: SPEC1-3 Ghosts of the Past: Dark Portal (P1) Session Number: _____
(For administrative use only.)

Date of Play: / /
Month Day Year

Start Time: :
Hour Minute

Give hour in military time standard (p.m. hours = hour +12). Don't record the exact minute the adventure played. Instead list the closest 30-minute interval the game was scheduled to start at (30 or 00).

A legal RPGA table has no less than four players, and no more than six players.

| Player Name | RPGA Number (must be at least 9 digits) |
|-------------|--|
| 1 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 2 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 4 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 5 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
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DUNGEON MASTER

DM Name: _____

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Complete the following information based on the entire group's play:

Adventure Questions
(see questions in the adventure)

1. (a) (b) (c)
2. (a) (b) (c)
3. (a) (b) (c)

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DM Name: _____

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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Complete the following information based on the entire group's play:

Adventure Questions
(see questions in the adventure)

1. (a) (b) (c)
2. (a) (b) (c)
3. (a) (b) (c)

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