

Event Name: _____ Event Code: _____
(This number was given to the senior GM when the event was sanctioned.)

Adventure Title: CORE1-10 Dancing Shadows 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	Character Number	GP Gain/Loss	XP Gain	Bundle ID	Story Award ID (max 2 each)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> CORE19 <input type="checkbox"/> CORE20 <input type="checkbox"/> CORE21
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> CORE19 <input type="checkbox"/> CORE20 <input type="checkbox"/> CORE21
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> CORE19 <input type="checkbox"/> CORE20 <input type="checkbox"/> CORE21
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> CORE19 <input type="checkbox"/> CORE20 <input type="checkbox"/> CORE21
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> CORE19 <input type="checkbox"/> CORE20 <input type="checkbox"/> CORE21
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> CORE19 <input type="checkbox"/> CORE20 <input type="checkbox"/> CORE21



DUNGEON MASTER

DM Name: _____

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

Adventure Questions
(see questions in the adventure)

1. ☐ a ☐ b
2. ☐ a ☐ b ☐ c
3. ☐ a ☐ b
4. ☐ a ☐ b

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