

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

Adventure Title: CORM1-2 Gangs of Wheloon 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"/> CORM02 <input type="checkbox"/> CORM03 <input type="checkbox"/> NOT USED
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> CORM02 <input type="checkbox"/> CORM03 <input type="checkbox"/> NOT USED
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> CORM02 <input type="checkbox"/> CORM03 <input type="checkbox"/> NOT USED
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> CORM02 <input type="checkbox"/> CORM03 <input type="checkbox"/> NOT USED
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> CORM02 <input type="checkbox"/> CORM03 <input type="checkbox"/> NOT USED
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> CORM02 <input type="checkbox"/> CORM03 <input type="checkbox"/> NOT USED



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)
3. (a) (b)

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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)
2. (a) (b)
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