Event Reporting Form

Date _____ Event Code _____

Location _____

GM Org Play #: - 27	Adventure: SFS2 #
GM Name:	Reporting Codes (line through if none): ☐ A ☐ B ☐ C ☐ D

Character Name:		☐ Dead
Org Play #: - 27	Level:	
Character Name:		☐ Dead
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