

Please fill out this form in its entirety. RoA respects your privacy, and this information will remain strictly confidential. If possible mail this form to us as it will allow us to have your character packet waiting for you at check in. Please print legibly.

Player Info

Last Name:	First Name:	
Address:		
City:	State:	Zip:
Phone Number (area code first):	Email:	
Date of Birth:	Age:	Gender:
Emergency Contact Name :	Phone:	Relationship:
How did you find out about RoA?		
Do you have any LARP experience? What games ha	nve you played?	
Do you have any medical conditions? Do you have an	ny allergies? Are you currently taki	ng any medication?
	Character Info	
Character Name:	Race:	
Class:	Starting School of Magic (Mage only):	
Deity followed (if any):	Total Health:	_
	Starting Skills	
Skill		Point Cost