



Player & Character Information

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 have you played? _____

Do you have any medical conditions? Do you have any allergies? Are you currently taking 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

Total Points -