



Council of Five Nations XXX



Event Description Form

Game Master's Name: _____

Address: _____

Phone Number: (_____) _____

Email: _____

Game System: _____

Role-Play Board Game Miniatures Other

Name / Title of Event : _____

Number of Players : _____ (maximum) _____ (minimum necessary for the event to run)

Brief, catchy description for the Registration Booklet:

Skill Level Required: Beginners will be taught (Strongly suggested)
 Some knowledge of this rules system is required
 Experts Only (Not recommended)

Kid-Friendly Game: Yes

All materials provided ? Yes No, bring your own

If No, what kind of (characters/figures/games/dice/props/etc) should be brought?

Scheduling: Please rank each time slot "Preferred", "OK" or "No". Please be as flexible as possible; we need to coordinate over 100 events. The "SFB" slot is intended mainly for our Star Fleet Battles tourney.

Friday Oct 5		Saturday Oct 6		Sunday Oct 7	
SFB) 10am-2pm	_____	c) 9am-1pm	_____	f) 9am-1pm	_____
a) 2pm-6pm	_____	d) 2pm-6pm	_____	g) 3pm-7pm+	_____
b) 7pm-11pm+	_____	e) 7pm-11pm+	_____		

Specific GM requirements (big rectangular tables for minis, electrical outlet access, etc.):

Please return to: David Cheng
1700 Western Ave #512
Albany NY 12203

Phone: (518) 464-1977
Fax: (801) 751-9120
council@swa-gaming.org