

Event Name: Fantasy Grounds Event Code: _____
(This number was given to the organizer when the event was scheduled)

Adventure Title: DDAL00-02H Forgotten Foes Session Number: _____
(For administrative use only)

Date of Play: 08/03/20 Start Time: 18:00 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 table has no less than three players, and no more than seven players.



DUNGEON MASTER

DM Name: DM Greg

5 3 1 8 7 0 7 6 7 8

-800 gold

-20 days of downtime

-1 level of advancement

Magic Item

-Rod of Absorption

| Player Name | WIN/DCI Number |
|-------------|--|
| 1 Mac | <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"/> <input type="text"/> |
| 2 Rhuarc | <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"/> |
| 3 Pen | <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"/> |
| 4 Thomas | <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"/> |
| 5 Kel-mo | <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"/> |
| 6 | <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"/> |
| 7 | <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"/> |