

FCS Gaming League

D&D Edition 3.5

League Season #____, Session # ____

(_____)

Game Master:

Date/Time:

Location:

Session XP:

Success XP:

CR XP:

Survival XP:

Tear:

Team 1		Player Name:				Team Name:	
		Character	M/F or (Other)	Race (& LA)	Classes & Levels	Total ECL	
Beginner	1.						
Novice							
Master							
Veteran	2.						
RPGA							
Demo	3.						

Email (Optional):

Team 2		Player Name:				Team Name:	
		Character	M/F or (Other)	Race (& LA)	Classes & Levels	Total ECL	
Beginner	1.						
Novice							
Master							
Veteran	2.						
RPGA							
Demo	3.						

Email (Optional):

Team 3		Player Name:				Team Name:	
		Character	M/F or (Other)	Race (& LA)	Classes & Levels	Total ECL	
Beginner	1.						
Novice							
Master							
Veteran	2.						
RPGA							
Demo	3.						

Email (Optional):

Please make sure to list the levels for every class and multi-class (not just the total number)!

Team 4	Player Name:		Team Name:		
	Character	M/F or (Other)	Race (& LA)	Classes & Levels	Total ECL
Beginner	1.				
Novice					
Master	2.				
Veteran					
RPGA	3.				
Demo					
Email (Optional):					
Team 5	Player Name:		Team Name:		
	Character	M/F or (Other)	Race (& LA)	Classes & Levels	Total ECL
Beginner	1.				
Novice					
Master	2.				
Veteran					
RPGA	3.				
Demo					
Email (Optional):					
Team 6	Player Name:		Team Name:		
	Character	M/F or (Other)	Race (& LA)	Classes & Levels	Total ECL
Beginner	1.				
Novice					
Master	2.				
Veteran					
RPGA	3.				
Demo					
Email (Optional):					
Team 7	Player Name:		Team Name:		
	Character	M/F or (Other)	Race (& LA)	Classes & Levels	Total ECL
Beginner	1.				
Novice					
Master	2.				
Veteran					
RPGA	3.				
Demo					
Email (Optional):					
Team 8	Player Name:		Team Name:		
	Character	M/F or (Other)	Race (& LA)	Classes & Levels	Total ECL
Beginner	1.				
Novice					
Master	2.				
Veteran					
RPGA	3.				
Demo					
Email (Optional):					

Please make sure to list the levels for every class and multi-class (not just the total number)!