

TOTAL CONFUSION LLC

EVENT SUBMISSION FORM

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Email: _____

Gaming Group/ Sponsor: _____

Event Title: _____

Event Description: _____

Game System: _____

Manufacturer: _____

Event Type: Board Card Electronic LARP Miniatures
 RPG Seminar Workshop Young

Event Type: Single Day Multi Day Tournament

Preferred Day Slot: Thursday Friday Saturday Sunday

Preferred Time: 8:00am 10:00am 12:00pm 1:00pm 3:00pm
 5:00pm 7:00pm 9:00pm 11:00pm

Event Duration: _____

PO BOX 1242 Woonsocket, RI 02895

EVENT SUBMISSION FORM cont.

Difficulty Rating: Training Introductory Experienced Advanced
Maturity Rating: Everyone E10+ Teen Mature

Materials Provided: _____

Minimum Players: _____ Maximum Players: _____

Tournaments...

Event Tournament Format: _____

Number of Rounds for Tournament: _____

Round Type: _____

Minimum Tournament hours Before Elimination: _____

Special Requests...

Table Width _____ Table Length: _____

Table Quantity: _____

Floor Width: _____ Floor Length: _____

Electrical Requirements: _____

Reason for Special Request: _____

Special Costing: _____

Special Pricing Reimbursed: _____