Event Rolls Submission Form
Empire of Chivalry and Steel, Inc. ™

Event: _____ Date: _____

Autocrat: _____

Member #	Persona Name	Mundane Name	**Type** (Arts, Ministry, Shinai, Rapier, Steel)	**Regular**	**War/ Feast/ Demo**	**Total Points**	**KL**

Empire of Chivalry and Steel, Inc.
P.O. Box 77223
Tucson, Arizona 85703-7223

Copyright 2004