

Cincycon 2012 Event Submission Form

March 3rd -4th -5th Atrium Hotel and Conference Center

***Gamemasters Name:**

Address:

City, State, Zip Code:

Telephone Number:

(not required but helpful in case of any last minute changes/questions)

***Email:**

Game Sponsor(if any):

Event Rules System:

***Event Title:**

***Event Description:**

Event Scale(if any):

***Number of Players:**

***Game Playing Time:**

***Game Table Size:**

***Time required for set up:**

***Time required for tear Down:**

***What day and time frame would you like to run your game. Please check one. If you wish to run the same game more than once then please check multiple choices:**

Friday: Evening ()

Saturday: Morning () Afternoon () Evening ()

Sunday: Morning () Afternoon ()

Special Requirements or comments: