



FANTASY FLIGHT GAMES



2008-2009 A Game of Thrones Regional Tournament Application Form

Anticipated Date of Regional Tournament: _____ Alternate Date: _____

Anticipated Itinerary (time, side events, etc.): Use back of page if necessary.

Tournament Organizer

Name: _____

E-mail: _____

Address: _____

Phone #: _____

Store/Venue Information

Store/Venue Name: _____

Store/Venue Owner: _____

Street Address: _____

City, State, Postal Code, Country: _____

Store/Venue Phone #: _____

Store/Venue Web Site: _____

Email Address: _____

Store/Venue Capacity: _____

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Brief description of the store/venue and the surrounding area (parking, restaurants, hotels, entertainment, accessibility from major highways):

Player Information

Anticipated Turnout For Regional Event: _____

Number of Local Players: _____

Type and Frequency of Local Play: _____

Nearby Surrounding Playgroups: _____

Using the space below, please explain why you would like to host this event, what you can do to make this event a memorable one for the players involved, and point out anything that you feel makes you and your venue the right choice for hosting this event for your region and how they intend to promote the event.

Store/Venue Owner's Signature: _____ Date: _____

By signing you acknowledge that you have been contacted regarding this tournament and that space will be available for the event on the specified date(s).

Please mail or fax completed forms, signed by the store/location owner or representative, to:

Fantasy Flight Games
Attn: AGoT Nationals Application
1975 W. County Road B2 Suite #1
Roseville, MN 55113
pbromen@fantasyflightgames.com
Tel: 651.639.1905
Fax: 651.639.1764

Please have your application(s) returned
8 weeks before anticipated date.