

LEGACIES LARP GAME POSITION APPLICATION



Position applying for: _____ Date: _____

APPLICANT INFORMATION

Name: _____
Last First Preferred Name

Email: _____ Phone: _____ Alternate Phone: _____

Address: _____

Date of Birth (mm/dd/yy): _____ Age: _____ Occupation: _____

Are you related to any player currently holding a game position? If yes, who: _____

How are you related? _____

References (If you have anyone currently holding a game position who would be willing to recommend you to the position you are applying for, please list their names here so they may be contacted):

RELATED EXPERIENCE

How long have you been playing Legacies? (start date or year): _____

Have you served on another committee in the past? If yes, what committee and for how long: _____

Have you played any other LARPs besides Legacies? If yes, which ones: _____

Have you served on a game position for any other LARPs? If yes, what LARP and what position: _____

If given the position, are you able to commit to regular monthly attendance? _____

Please list and explain any other experience you may have relevant to the position you are applying for:

