

Empire of Adria - Weapon Play Test Request Form

Game Name: _____

Mundane Name: _____

Street Address: _____ **Phone:** (____) _____

City/State/Zip: _____

Geographic Chartered Sub-division: _____

Weapon Description: _____

This Weapon is : Missile Single Hand Two Handed Defensive

Has it ever been Submitted Imperially : Yes No

If yes why was it declined for play test: _____

Historic reference: _____

Method of construction: _____

Plans for Construction Submitted: Yes No

Does weapon meet current requirements for an existing weapon Yes No

If yes, what weapon: _____

Ministry Use Only

Local

Subdivision _____

Date submitted _____

Received by: _____

Approved: Yes No

Comments: _____

Imperial

Date Received: _____

Received by: _____ **Imperial Crown Approval:** Yes No _____

Approved for Play test: Yes No **Time Allotted for review:** _____

Date Submitted for Imperial Estates Review: _____

Comments: _____

Findings of Play test:

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Reporting person: _____ Reporting period From: _____ To: _____

Subdivision: _____

Local Crown Approval : _____

Local Minister of Joust & War Approval : _____

1. Does it meet safety criteria per approved plans: Yes No

Comments: _____

2. Is it practical for game play: Yes No

Comments: _____

3. Does it conflict with any existing rules and / or guidelines set forth by the Adrian Empire:

Yes No - If yes, what rule and is there a solution for this? _____

4. Is there any evident flaws in design or construction per approved submitted plans: Yes No

Comments: _____

Siege Engines:

How many personal to man: _____ ; Max Tested Range: _____ ;

Missile used: _____

Additional Comments:

Imperial Minister of Joust & War Approval : _____

Imperial Crown Approval : _____

Submitted to Imperial Estates : ___/___/___ ; Approved Yes No; Date: ___/___/___

If No Why: _____

entered into Manual: ___/___/___