STORM WARDEN RECOMMENDATION FORM

PLAYER NAME: _____ **GUILD NUMBER:** _____

CHARACTER NAME: _____

CHARACTER RACE: _____ **CARD POINTS:** _____

STORM WARDEN NAME: _____ **GUILD NUMBER:** _____

LOCATION OF EVENT: _____ **DATE OF EVENT:** _____

I hereby recommend the above character for the following:

CHECK ONE:
- o Gain the Glyph of Mastery Boon
- o Gain the Archmage Boon
- o Gain the Spirit Dancer Boon
- o Gain the Warlock Boon
- o Gain the Valarian Mentor Boon
- o Gain the Valarian War Master Boon
- o Gain the Valarian Mastery Boon

o Removal of Boons - Specify which boon(s):_____

REASON/DESCRIPTION OF ACTIONS: _____

_____

_____

_____

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_____

_____

_____

_____

_____

_____

STORM WARDEN SIGNATURE: _____

Mail completed form to:

Russell Linden
Storm Riders Guild
23983 Delmere Drive
North Olmsted, OH 44070