

# SHOTGUN DIARIES

NAME :

AGE :      SEX :      WEIGHT :      HEIGHT :      HOMETOWN :

DESCRIPTION :

WHAT DID YOU DO DURING THE INITIAL OUTBREAK?

WHO HAVE YOU LOST?

SURVIVOR TYPE :

**SURVIVOR**

WHEN YOU ROLL : **ANY RISK THAT INVOLVES**

FEAR :

ARE YOU INFECTED?    YES    OR    NO

BACKGROUND DIARY :

**BENEFITS**

**DECLARATIONS**

