

3 Dr. Carlton B. Goodlett Place
 San Francisco, CA 94102
 (415) 554-6009



Quarterly Report

Franchise Information

Name/Location: _____
 Owner: _____
 Description: _____

Status: New Established Successful Home Office

LIBRARY CARD:
 GYM MEMBERSHIP:
 CORP. GOLD CARD:
 THE BANK:

TOTAL:

Distribute # of Franchise Dice according to Status:
 New: 5
 Established: 10
 Successful: 20
 Home Office: 30

Franchise #: _____

Items

Bank Roll Chart

(Compare each die in your pool)

- 6: Compounded Interest!!**
Return this die and add a bonus die to the Bank.
- 5: Interest!**
Return this die to the Bank.
- 4: Account Withdrawal.**
No Benefit or Penalty. Lose this die.
- 3: Account Withdrawal.**
No Benefit or Penalty. Lose this die.
- 2: Service Charge!**
Lose this die and an additional Bank die, if possible.
- 1: Account Overrun!!**
Ignore all other results and lose all Bank dice.

Current Employees

Name	Employee ID	Position	Classification	Franchise Dice
_____	_____	_____	<input type="checkbox"/> N <input type="checkbox"/> W	_____
_____	_____	_____	<input type="checkbox"/> N <input type="checkbox"/> W	_____
_____	_____	_____	<input type="checkbox"/> N <input type="checkbox"/> W	_____
_____	_____	_____	<input type="checkbox"/> N <input type="checkbox"/> W	_____
_____	_____	_____	<input type="checkbox"/> N <input type="checkbox"/> W	_____
_____	_____	_____	<input type="checkbox"/> N <input type="checkbox"/> W	_____
_____	_____	_____	<input type="checkbox"/> N <input type="checkbox"/> W	_____
_____	_____	_____	<input type="checkbox"/> N <input type="checkbox"/> W	_____
_____	_____	_____	<input type="checkbox"/> N <input type="checkbox"/> W	_____
_____	_____	_____	<input type="checkbox"/> N <input type="checkbox"/> W	_____
_____	_____	_____	<input type="checkbox"/> N <input type="checkbox"/> W	_____
_____	_____	_____	<input type="checkbox"/> N <input type="checkbox"/> W	_____
_____	_____	_____	<input type="checkbox"/> N <input type="checkbox"/> W	_____
_____	_____	_____	<input type="checkbox"/> N <input type="checkbox"/> W	_____
_____	_____	_____	<input type="checkbox"/> N <input type="checkbox"/> W	_____
_____	_____	_____	<input type="checkbox"/> N <input type="checkbox"/> W	_____
_____	_____	_____	<input type="checkbox"/> N <input type="checkbox"/> W	_____

