

# Maryland Paranormal Investigators Coalition

## ROOM DATA & INFORMATION FORM #2

Room Name/Location: \_\_\_\_\_

Sheet # \_\_\_\_\_

### Cold Spots

Log time of reading and location (in room)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
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3. \_\_\_\_\_  
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4. \_\_\_\_\_  
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5. \_\_\_\_\_  
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6. \_\_\_\_\_  
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7. \_\_\_\_\_  
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8. \_\_\_\_\_  
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9. \_\_\_\_\_  
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10. \_\_\_\_\_  
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11. \_\_\_\_\_  
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12. \_\_\_\_\_  
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13. \_\_\_\_\_  
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14. \_\_\_\_\_  
\_\_\_\_\_
15. \_\_\_\_\_  
\_\_\_\_\_

### Strange "Feelings"

Log time. Include one to two word descriptions of feelings & sensations and location (in room).  
Ex.: 11:45 PM, being watched, sec. 1B.

1. \_\_\_\_\_  
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2. \_\_\_\_\_  
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14. \_\_\_\_\_  
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15. \_\_\_\_\_  
\_\_\_\_\_

### Other Readings

Log time of Reading and location (in room)

#### Nature of Reading:

- \_\_\_\_\_
- \_\_\_\_\_
1. \_\_\_\_\_  
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  2. \_\_\_\_\_  
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  3. \_\_\_\_\_  
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  4. \_\_\_\_\_  
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  5. \_\_\_\_\_  
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  14. \_\_\_\_\_  
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  15. \_\_\_\_\_  
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