

POINTS

NAME	M	WS	BS	S	T	W	A	Ld	Sv
WEAPON	RANGE	TYPE	S	AP	D	ABILITIES			

ABILITIES:

SPECIALISM:	DEMEANOUR:		
EXPERIENCE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FLESH WOUNDS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CONVALESCENCE <input type="checkbox"/>	NEW RECRUIT <input type="checkbox"/>

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