

ADVENTURE! TALES OF THE Aeon SOCIETY

NAME:

NATURE:

VIRTUE:

VICE:

INSPIRATION:

ALLEGIANCE:

ORIGIN:

SERIES:

ATTRIBUTES & ABILITIES

PHYSICAL		MENTAL		SOCIAL	
STRENGTH	0 0 0 0 0	PERCEPTION	0 0 0 0 0	APPEARANCE	0 0 0 0 0
Archery	00000 0	Awareness	00000 0	Disguise	00000 0
Brawl	00000 0	Investigation	00000 0	Intimidation	00000 0
Might	00000 0	Navigation	00000 0	Style	00000 0
DEXTERITY	0 0 0 0 0	INTELLIGENCE	0 0 0 0 0	MANIPULATION	0 0 0 0 0
Athletics	00000 0	Academics	00000 0	Animal Handling	00000 0
Firearms	00000 0	Bureaucracy	00000 0	Interrogation	00000 0
Legerdemain	00000 0	Engineering	00000 0	Savvy	00000 0
Martial Arts	00000 0	Linguistics	00000 0	Subterfuge	00000 0
Melee	00000 0	Medicine	00000 0		00000 0
Stealth	00000 0	Science	00000 0		00000 0
	00000 0	Survival	00000 0		00000 0
STAMINA	0 0 0 0 0	WITS	0 0 0 0 0	CHARISMA	0 0 0 0 0
Endurance	00000 0	Arts	00000 0	Command	00000 0
Resistance	00000 0	Drive	00000 0	Etiquette	00000 0
	00000 0	Pilot	00000 0	Perform	00000 0
	00000 0		00000 0	Rapport	00000 0

ADVANTAGES

KNACKS	BACKGROUNDS	HEALTH
_____	_____ 00000 0	Bruised <input type="checkbox"/>
_____	_____ 00000 0	Hurt -1 <input type="checkbox"/>
_____	_____ 00000 0	Injured -1 <input type="checkbox"/>
_____	_____ 00000 0	Wounded -2 <input type="checkbox"/>
_____	_____ 00000 0	Maimed -3 <input type="checkbox"/>
_____	_____ 00000 0	Crippled -4 <input type="checkbox"/>
_____		Incapacitated <input type="checkbox"/>
_____	WILLPOWER	
_____	0 0 0 0 0 0 0 0 0 0	SOAK
_____	<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"/>	Armor Rating(B/L) Penalty
_____	INSPIRATION	_____ / _____ / _____
_____	0 0 0 0 0 0 0 0 0 0	_____ / _____ / _____
_____	<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"/>	
_____	INTUITIVE FACET 0 0 0 0 0	MOVEMENT
_____	REFLECTIVE FACET 0 0 0 0 0	_____ / _____ / _____ / _____
_____	DESTRUCTIVE FACET 0 0 0 0 0	Walk Run Sprint Initiative

