


Name:										Skills & Spells:										Equipment:									
Type:																													
<input type="checkbox"/> Combat <input type="checkbox"/> Shooting <input type="checkbox"/> Academic <input type="checkbox"/> Strength <input type="checkbox"/> Speed <input type="checkbox"/> Special																													
M WS BS S T W I A Ld Sv																													
										<div style="display: flex; justify-content: space-between; width: 100%;"> 51015202530 ↕ Total Experience ↕ </div> <div style="display: grid; grid-template-columns: repeat(10, 1fr); gap: 2px;"> <!-- Row 1 --> <div><input type="checkbox"/></div><div><input checked="" type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> <!-- Row 2 --> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> <!-- Row 3 --> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> <!-- Row 4 --> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> <!-- Row 5 --> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> <!-- Row 6 --> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> <!-- Row 7 --> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> <!-- Row 8 --> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> <!-- Row 9 --> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> <!-- Row 10 --> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div>										Hero ⬅ Racial Maximums ➡ ➡ Experience ⬅									


Name: Type: <input type="checkbox"/> Combat <input type="checkbox"/> Shooting <input type="checkbox"/> Academic <input type="checkbox"/> Strength <input type="checkbox"/> Speed <input type="checkbox"/> Special <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>M</td><td>WS</td><td>BS</td><td>S</td><td>T</td><td>W</td><td>I</td><td>A</td><td>Ld</td><td>Sv</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	M	WS	BS	S	T	W	I	A	Ld	Sv																					Skills & Spells: 	Equipment:  Injuries:
M	WS	BS	S	T	W	I	A	Ld	Sv																							

<p>Name:</p> <p>Type:</p> <p> <input type="checkbox"/> Combat <input type="checkbox"/> Shooting <input type="checkbox"/> Academic <input type="checkbox"/> Strength <input type="checkbox"/> Speed <input type="checkbox"/> Special </p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th>M</th><th>WS</th><th>BS</th><th>S</th><th>T</th><th>W</th><th>I</th><th>A</th><th>Ld</th><th>Sv</th></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p> ↕ Racial Maximums ↕ Experience ↕ </p>	M	WS	BS	S	T	W	I	A	Ld	Sv																															<p>Skills & Spells:</p> 	<p>Equipment:</p> <p>Injuries:</p>
M	WS	BS	S	T	W	I	A	Ld	Sv																																	

Name: Type: <input type="checkbox"/> Combat <input type="checkbox"/> Shooting <input type="checkbox"/> Academic <input type="checkbox"/> Strength <input type="checkbox"/> Speed <input type="checkbox"/> Special	Skills & Spells:	Equipment:																																																																																
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <th>M</th><th>WS</th><th>BS</th><th>S</th><th>T</th><th>W</th><th>I</th><th>A</th><th>Ld</th><th>Sv</th></tr> <tr> <td style="height: 40px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td style="height: 40px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td style="height: 40px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td style="height: 40px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td style="height: 40px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td style="height: 40px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td style="height: 40px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	M	WS	BS	S	T	W	I	A	Ld	Sv																																																																							Injuries:	
M	WS	BS	S	T	W	I	A	Ld	Sv																																																																									

[illegible]

Name: Type: <input type="checkbox"/> Combat <input type="checkbox"/> Shooting <input type="checkbox"/> Academic <input type="checkbox"/> Strength <input type="checkbox"/> Speed <input type="checkbox"/> Special	Skills & Spells: 	Equipment: 																																								
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th>M</th><th>WS</th><th>BS</th><th>S</th><th>T</th><th>W</th><th>I</th><th>A</th><th>Ld</th><th>Sw</th></tr> <tr> <td style="height: 40px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td style="height: 40px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td style="height: 40px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	M	WS	BS	S	T	W	I	A	Ld	Sw																															Injuries: 	
M	WS	BS	S	T	W	I	A	Ld	Sw																																	

Warband Rating Calculator		Treasury	Stored Equipment
Hero Total Experience:		Gold Crowns:	
Henchmen Total Experience:		Shards:	
Members () x 5:		Treasure:	
Large Creatures () x 20:			
Hired Swords:			
Dramatis Personae: +			
Total Rating:			

Warband Type:

Warband Name:

<p>Name: Henchmen</p> <p>Type: Number:</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>WS</td><td>BS</td><td>S</td><td>T</td><td>W</td><td>I</td><td>A</td><td>Ld</td><td>Sv</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	M	WS	BS	S	T	W	I	A	Ld	Sv																															<p>Skills & Special Rules:</p>	<p>Equipment:</p> <div style="text-align: right;"> Group 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
M	WS	BS	S	T	W	I	A	Ld	Sv																																	
<p>Name: Henchmen</p> <p>Type: Number:</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>WS</td><td>BS</td><td>S</td><td>T</td><td>W</td><td>I</td><td>A</td><td>Ld</td><td>Sv</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	M	WS	BS	S	T	W	I	A	Ld	Sv																															<p>Skills & Special Rules:</p>	<p>Equipment:</p> <div style="text-align: right;"> Group 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
M	WS	BS	S	T	W	I	A	Ld	Sv																																	
<p>Name: Henchmen</p> <p>Type: Number:</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>WS</td><td>BS</td><td>S</td><td>T</td><td>W</td><td>I</td><td>A</td><td>Ld</td><td>Sv</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	M	WS	BS	S	T	W	I	A	Ld	Sv																															<p>Skills & Special Rules:</p>	<p>Equipment:</p> <div style="text-align: right;"> Group 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
M	WS	BS	S	T	W	I	A	Ld	Sv																																	
<p>Name: Henchmen</p> <p>Type: Number:</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>WS</td><td>BS</td><td>S</td><td>T</td><td>W</td><td>I</td><td>A</td><td>Ld</td><td>Sv</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	M	WS	BS	S	T	W	I	A	Ld	Sv																															<p>Skills & Special Rules:</p>	<p>Equipment:</p> <div style="text-align: right;"> Group 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
M	WS	BS	S	T	W	I	A	Ld	Sv																																	
<p>Name: Henchmen</p> <p>Type: Number:</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>WS</td><td>BS</td><td>S</td><td>T</td><td>W</td><td>I</td><td>A</td><td>Ld</td><td>Sv</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	M	WS	BS	S	T	W	I	A	Ld	Sv																															<p>Skills & Special Rules:</p>	<p>Equipment:</p> <div style="text-align: right;"> Group 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
M	WS	BS	S	T	W	I	A	Ld	Sv																																	
<p>Name: Henchmen</p> <p>Type: Number:</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>WS</td><td>BS</td><td>S</td><td>T</td><td>W</td><td>I</td><td>A</td><td>Ld</td><td>Sv</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	M	WS	BS	S	T	W	I	A	Ld	Sv																															<p>Skills & Special Rules:</p>	<p>Equipment:</p> <div style="text-align: right;"> Group 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
M	WS	BS	S	T	W	I	A	Ld	Sv																																	



Notes (Skill Descriptions, Spell Descriptions, etc.)

