

CCARPS



Player Name: _____ Contact Name: _____ Points: _____

Age: _____ Sex: _____ Height: _____ Weight: _____ Race: _____ Tech. Level: _____ Social Status: _____

Weapon: Name _____ Type _____ Damage: T / A / P _____ Range-Reach: S / M / L / E _____ Ammunition: Type / Capacity _____

_____ / _____ / _____ | _____ / _____ / _____ / _____ | _____ / _____ / _____

Pts.	Acc.	Pts.	Mod.
<input type="checkbox"/> STR	<input type="checkbox"/>	<input type="checkbox"/> CHA	<input type="checkbox"/>
<input type="checkbox"/> DEX	<input type="checkbox"/>	<input type="checkbox"/> SPD	<input type="checkbox"/>
<input type="checkbox"/> CON	<input type="checkbox"/>	<input type="checkbox"/> RFX	<input type="checkbox"/>
<input type="checkbox"/> INT	<input type="checkbox"/>	<input type="checkbox"/> LIFT	<input type="checkbox"/>
<input type="checkbox"/> WILL	<input type="checkbox"/>	<input type="checkbox"/> PER	<input type="checkbox"/>

Damage Meter

L	-1	M	-2			H	-3		D	U
<div style="display: flex; justify-content: space-between;"> <div>→ -1 -2 </div> <div>→ -1 -2 </div> </div>										

Level: _____

Resistance

Type	Value

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