

Name _____	Affiliation _____	<input type="radio"/> Vampire _____
Striking Feature _____	Harm _____	<input type="radio"/> Mortal _____
	○○○○○○○ ○○○○○○○	<input type="radio"/> Other _____

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	○○○○○○○ ○○○○○○○	<input type="radio"/> Other _____

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