



PARTICIPANT RECORD SHEET

FORM G-68/A

APPROVED FOR PBSO
INTERACTION, PENDING
INSURANCE COVERAGE.



NAME _____ IS A _____
DESCRIPTOR

TYPE _____ WHO _____
FOCUS

TIER _____ GRIT _____

EFFORT _____ CONFORMITY _____

MIGHT MAX EDGE

SPEED MAX EDGE

INTELLECT MAX EDGE

XP
POOL ☐ EDGE ☐ EFFORT ☐
SKILL ☐ OTHER ☐

SKILLS

SKILL	I	P	S	T
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SKILL	I	P	S	T
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROTOTYPES

LIMIT

COMBAT

DAMAGE TRACK

☐ HALE
☐ IMPAIRED
☐ DEBILITATED
☐ DEAD

DEFENSE

I	P	S	T
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RECOVERY ROLLS 1D6+

☐ 1 ACTION
☐ 10 MINUTES
☐ 1 HOUR
☐ 10 HOURS

ARMOR

NAME	COST	BONUS
_____	_____	_____
_____	_____	_____
_____	_____	_____

ATTACKS

NAME	DAMAGE	I	P	S	T
_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SPECIAL ISSUE



PARTICIPANT RECORD SHEET

FORM G-68/B

EQUIPMENT

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EQUIPMENT THAT IS NOT RETURNED WILL BE CHARGED TO YOUR ACCOUNT.

ABILITIES

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