

# The Last Refuge

Player: \_\_\_\_\_

Campaign: \_\_\_\_\_

Date Commenced: \_\_\_\_\_

## CHARACTERISTICS

<input type="checkbox"/> STR _____	D.B.: _____
<input type="checkbox"/> CON _____	Total Hit Points: _____
<input type="checkbox"/> SIZ _____	Major Wound: _____
<input type="checkbox"/> DEX _____	Total Will Points: _____
<input type="checkbox"/> INT _____	x5= Idea _____%
<input type="checkbox"/> WIL _____	x5= Luck _____%
<input type="checkbox"/> APP _____	x5= Charisma _____%
<input type="checkbox"/> EDU _____	x5= Know _____%
Age _____ Sex _____	Hair _____ Eyes _____
Height _____	Weight _____ Master: _____
Apprenticeships: _____	

Character Name \_\_\_\_\_

Description: \_\_\_\_\_

Major Wounds: \_\_\_\_\_

Distinctive Features: \_\_\_\_\_

## SKILLS

Art (00)	Lore's (00)	<input type="checkbox"/> Sneak (10)
<input type="checkbox"/> _____	<input type="checkbox"/> Ancient	<input type="checkbox"/> Streetwise (05)
<input type="checkbox"/> _____	<input type="checkbox"/> Medical	<input type="checkbox"/> Survival (05)
<input type="checkbox"/> Bargain (05)	<input type="checkbox"/> Occult	<input type="checkbox"/> Swim (25)
<input type="checkbox"/> Climb (40)	<input type="checkbox"/> Refuge	<input type="checkbox"/> Throw (25)
Craft (05)	<input type="checkbox"/> Nature (25)	<input type="checkbox"/> Track (05)
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Trap (05)
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Debate (10)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Devise (20)	<input type="checkbox"/> Make Maps (10)	<input type="checkbox"/> _____
<input type="checkbox"/> Disguise (15)	<input type="checkbox"/> Navigate (10)	<input type="checkbox"/> _____
<input type="checkbox"/> Dodge (DEXx2)	<input type="checkbox"/> Heavy Mach (00)	<input type="checkbox"/> _____
<input type="checkbox"/> Evaluate (15)	<input type="checkbox"/> Oratory (05)	<input type="checkbox"/> _____
<input type="checkbox"/> Fast Talk (05)	<input type="checkbox"/> Physik (30)	<input type="checkbox"/> _____
<input type="checkbox"/> Hide (10)	<input type="checkbox"/> Potions (00)	<input type="checkbox"/> _____
<input type="checkbox"/> Insight (15)	<input type="checkbox"/> Research (05)	<input type="checkbox"/> _____
<input type="checkbox"/> Jump (25)	<input type="checkbox"/> Ride (05)	<input type="checkbox"/> _____
Languages :	<input type="checkbox"/> Sailing (00)	<input type="checkbox"/> _____
<input type="checkbox"/> Own (INTx5)	<input type="checkbox"/> Scan (25)	<input type="checkbox"/> _____
<input type="checkbox"/> _____(00)	<input type="checkbox"/> Scent/Taste (15)	<input type="checkbox"/> _____
<input type="checkbox"/> _____(00)	<input type="checkbox"/> Scribe (00)	<input type="checkbox"/> _____
<input type="checkbox"/> Listen (25)	<input type="checkbox"/> Search (25)	<input type="checkbox"/> _____
<input type="checkbox"/> Pick Lock (00)	<input type="checkbox"/> Ship-handling(00)	<input type="checkbox"/> _____
		<input type="checkbox"/> _____

## ATTRIBUTES

**HIT POINTS**

UNCONSCIOUS																																		
Dead	-2	-1	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

M.W.L.: \_\_\_\_\_ T.H.P's: \_\_\_\_\_

**WILL POINTS**

UNCONSCIOUS																																
Unconscious	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Total Will Points: \_\_\_\_\_

**MENTAL STRESS**

INSANE																																																																																																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99

Insanity's: \_\_\_\_\_

## HAND-TO HAND WEAPONS

Weapon	Skill	% Damage	HPParry?	Imp?	Class	Length	1h/2h
<input type="checkbox"/> Brawl (30)							
<input type="checkbox"/> Wrestle (15)							
<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"/> _____							

## ARMOUR

Helmet On: _____	Helmet Off: _____
Type _____	Damage/% _____
Of Armor _____	Deflect/Affect _____
Nominal Burden: _____	Rounds: _____
<input type="checkbox"/> Shield _____	% Damage: _____
H S F L Hit Points: _____	

## NOTES

## MISSILE WEAPONS

Weapon	Skill	% Damage	HPParry?	Imp?	Class	Range	ROF
<input type="checkbox"/> _____							
<input type="checkbox"/> _____							
<input type="checkbox"/> _____							
<input type="checkbox"/> _____							