



NAME: _____
 PLAYER: _____
 CASTE: _____

CONCEPT: _____
 MOTIVATION: _____
 ANIMA: _____

ATTRIBUTES

STRENGTH _____ ●○○○○ CHARISMA _____ ●○○○○ PERCEPTION _____ ●○○○○
 DEXTERITY _____ ●○○○○ MANIPULATION _____ ●○○○○ INTELLIGENCE _____ ●○○○○
 STAMINA _____ ●○○○○ APPEARANCE _____ ●○○○○ WITS _____ ●○○○○

ABILITIES

DAWN

ARCHERY _____ ○○○○○
 MARTIAL ARTS _____ ○○○○○
 MELEE _____ ○○○○○
 THROWN _____ ○○○○○
 WAR _____ ○○○○○

ZENITH

INTEGRITY _____ ○○○○○
 PERFORMANCE _____ ○○○○○
 PRESENCE _____ ○○○○○
 RESISTANCE _____ ○○○○○
 SURVIVAL _____ ○○○○○

TWILIGHT

CRAFT _____ ○○○○○
 INVESTIGATION _____ ○○○○○
 LORE _____ ○○○○○
 MEDICINE _____ ○○○○○
 OCCULT _____ ○○○○○

NIGHT

ATHLETICS _____ ○○○○○
 AWARENESS _____ ○○○○○
 DODGE _____ ○○○○○
 LARCENY _____ ○○○○○
 STEALTH _____ ○○○○○

ECLIPSE

BUREAUCRACY _____ ○○○○○
 LINGUISTICS _____ ○○○○○
 RIDE _____ ○○○○○
 SAIL _____ ○○○○○
 SOCIALIZE _____ ○○○○○

SPECIALTIES

_____ ○○○○○
 _____ ○○○○○
 _____ ○○○○○
 _____ ○○○○○
 _____ ○○○○○

ADVANTAGES

BACKGROUNDS

_____ ○○○○○
 _____ ○○○○○
 _____ ○○○○○
 _____ ○○○○○
 _____ ○○○○○
 _____ ○○○○○
 _____ ○○○○○
 _____ ○○○○○
 _____ ○○○○○
 _____ ○○○○○

CHARMS

NAME	COST	NAME	COST
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WEAPONS

WILLPOWER

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

VIRTUES

COMPASSION ●○○○○ TEMPERANCE ●○○○○

CONVICTION ●○○○○ VALOR ●○○○○

ANIMA

HEALTH

SOAK
 B _____ L _____ A _____

ESSENCE

● ○ ○ ○ ○ ○ ○ ○
 PERSONAL _____ | _____
 PERIPHERAL _____ | _____
 COMMITTED _____

LIMIT BREAK

VIRTUE FLAW

-0	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D.V. EVADE
-1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
-2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PARRY
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
-4	<input type="checkbox"/>	MENTAL
INCAPACITATED	<input type="checkbox"/>	

EXPERIENCE
