

Test of Form

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Left Column

Player Name: * Character's Name: * Race/Species: *

Titles/Nicknames: * Hair Colour: * Eye Colour: * Skin Colour: *

Class & Tier: * School of Magic:

Right Column

Faction: * Warband: * Marx: *

Character photo

photo

Confirm Form

Submit

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Last update: **2024/07/18 02:55**

