

# Test of Form

**Go back to [character sheet](#)**

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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