

# 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 Sheet Size

width \*

Character photo (not yet functional)

photo

Confirm Form

Submit

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