

LEGENDS OF THE OLD WEST ROSTER SHEET

Posse Name:	Posse Type:
Preferred Skills: <input type="checkbox"/> Movin' <input type="checkbox"/> Shootin' <input type="checkbox"/> Brawlin' <input type="checkbox"/> Savvy	
Stash (s):	Infamy (Models: __x5 + Exp: __):
Stored Equipment / Notes:	

[illegible][illegible][illegible][illegible]

Name:		Equipment:		Skills & Abilities		
Type:						
S	F	St	G	A	W	P
Experience:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Group Exp:		

Name:		Equipment:		Skills & Abilities		
Type:						
S	F	St	G	A	W	P
Experience:			<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			Group Exp:

Name:		Equipment:		Skills & Abilities		
Type:						
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Experience:			<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			
			Group Exp:			

Name:		Equipment:		Skills & Abilities		
Type:						
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Experience:			<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Group Exp:		

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Type:						
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Experience:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Group Exp:		

Name:		Equipment:		Skills & Abilities	
Type:					
S	F	St	G	A	W P
		Experience:		Group Exp:	

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Type:						
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Experience:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Group Exp:		

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Type:						
S	F	St	G	A	W	P
		Experience:		Group Exp:		