

AMAZING HEROES!

Name / Identity: _____

OCCUPATION: _____

BODY: _____

PERSONALITY: _____

Contacts

Experience _____

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

SUPERPOWERS

Conditions:
