



STUBBORN: Once per game, after rolling for initiative but before starting the Activation Phase, if this company has more Strike Points than an opposing company, the player controlling this company may spend a point of Fortune to remove 1 Fatigue from every character in this company.

PLAYER	INFAMY	PIECES	WINS	LOSES
STORES				

NAME	INF	EXP	FT	ST	RS	SPECIAL	INJURIES	DURATION
OFFICER TYPE	XP <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>					EQUIPMENT		

NAME	INF	EXP	FT	ST	RS	SPECIAL	INJURIES	DURATION	
OFFICER TYPE	XP	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	EQUIPMENT						
		<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input checked="" type="radio"/>							

NAME	INF	EXP	FT	ST	RS	SPECIAL	INJURIES	DURATION	
OFFICER TYPE	XP	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>							
		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>							

CREW TYPE	INF	EXP	FT	ST	RS	SPECIAL	CREW MEMBERS	EQUIPMENT
			/	/				
	XP ○○○○●○○○○○●○○○○○●○○○○○●							
	○○○○●○○○○○●○○○○○●○○○○○●							

CREW TYPE	INF	EXP	FT	ST	RS	SPECIAL	CREW MEMBERS	EQUIPMENT						
	XP													

CREW TYPE	INF	EXP	FT	ST	RS	SPECIAL	CREW MEMBERS	EQUIPMENT				
			/	/								
	XP	<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>

ADDITIONAL OFFICERS

NAME	INF	EXP	FT	ST	RS	SPECIAL	INJURIES	DURATION
OFFICER TYPE	XP	<div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> </div>				EQUIPMENT		

NAME	INF	EXP	FT	ST	RS	SPECIAL	INJURIES	DURATION				
OFFICER TYPE	XP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NAME	INF	EXP	FT	ST	RS	SPECIAL	INJURIES	DURATION				
OFFICER TYPE	XP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NAME	INF	EXP	FT	ST	RS	SPECIAL	INJURIES	DURATION
OFFICER TYPE	XP	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				EQUIPMENT		

NAME	INF	EXP	FT	ST	RS	SPECIAL	INJURIES	DURATION
OFFICER TYPE	XP	<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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

ADDITIONAL CREW

CREW TYPE	INF	EXP	FT	ST	RS	SPECIAL	CREW MEMBERS	EQUIPMENT					
	XP												

CREW TYPE	INF	EXP	FT	ST	RS	SPECIAL	CREW MEMBERS	EQUIPMENT
			/	/				
	XP ○○○○●○○○○○●○○○○○●							
	○○○○●○○○○○●○○○○○●							