

Crew Type: 4 6 8

Ship Type:

Secondary Agenda:

Edge:

SPACE STATION ZERO™ CREW ROSTER

CMDR: XP:

Lf: Mv: Co: Re: In: Dmg:

Special Abilities:	Equipment:
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NAME: TYPE:

Lf: Mv: Co: Re: In: Dmg: **XP:**

Special Abilities:	Equipment:
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Lf: Mv: Co: Re: In: Dmg: **XP:**

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Lf: Mv: Co: Re: In: Dmg: **XP:**

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NAME: TYPE:

Lf: Mv: Co: Re: In: Dmg: **XP:**

Special Abilities:	Equipment:
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NAME:						TYPE:	
Lf: <input type="checkbox"/>	Mv: <input type="checkbox"/>	Co: <input type="checkbox"/>	Re: <input type="checkbox"/>	In: <input type="checkbox"/>	Dmg: <input type="checkbox"/>	XP:	
Special Abilities:				Equipment:			

NAME:						TYPE:	
Lf: <input type="checkbox"/>	Mv: <input type="checkbox"/>	Co: <input type="checkbox"/>	Re: <input type="checkbox"/>	In: <input type="checkbox"/>	Dmg: <input type="checkbox"/>	XP:	
Special Abilities:				Equipment:			

NAME:						TYPE:	
Lf: <input type="checkbox"/>	Mv: <input type="checkbox"/>	Co: <input type="checkbox"/>	Re: <input type="checkbox"/>	In: <input type="checkbox"/>	Dmg: <input type="checkbox"/>	XP:	
Special Abilities:				Equipment:			

NAME:						TYPE:	
Lf: <input type="checkbox"/>	Mv: <input type="checkbox"/>	Co: <input type="checkbox"/>	Re: <input type="checkbox"/>	In: <input type="checkbox"/>	Dmg: <input type="checkbox"/>	XP:	
Special Abilities:				Equipment:			

NAME:						TYPE:	
Lf: <input type="checkbox"/>	Mv: <input type="checkbox"/>	Co: <input type="checkbox"/>	Re: <input type="checkbox"/>	In: <input type="checkbox"/>	Dmg: <input type="checkbox"/>	XP:	
Special Abilities:				Equipment:			

NOTES: