

STARSHIP REGISTRY ENTRY



NAME:	<input type="text"/>	DESIGNATION:	<input type="text"/>
SERVICE DATE:	<input type="text"/>	SPACE FRAME:	<input type="text"/>
MISSION PROFILE:	<input type="text"/>	REFIT:	<input type="text"/>

SYSTEMS

COMMS <input type="checkbox"/>	ENGINES <input type="checkbox"/>	STRUCTURE <input type="checkbox"/>
BREACHES ○○○○○○	BREACHES ○○○○○○	BREACHES ○○○○○○
COMPUTERS <input type="checkbox"/>	SENSORS <input type="checkbox"/>	WEAPONS <input type="checkbox"/>
BREACHES ○○○○○○	BREACHES ○○○○○○	BREACHES ○○○○○○



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

DEPARTMENTS

COMMAND <input type="checkbox"/>	SECURITY <input type="checkbox"/>	SCIENCE <input type="checkbox"/>
CONN <input type="checkbox"/>	ENGINEERING <input type="checkbox"/>	MEDICINE <input type="checkbox"/>

TALENTS

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

SHIELDS

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

TRAITS

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

POWER

CURRENT <input type="checkbox"/>	TOTAL <input type="checkbox"/>
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CREW SUPPORT

CURRENT <input type="checkbox"/>	TOTAL <input type="checkbox"/>
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WEAPONS

NAME	<input type="text"/>	<input type="checkbox"/>
QUALITIES	<input type="text"/>	
NAME	<input type="text"/>	<input type="checkbox"/>
QUALITIES	<input type="text"/>	
NAME	<input type="text"/>	<input type="checkbox"/>
QUALITIES	<input type="text"/>	
NAME	<input type="text"/>	<input type="checkbox"/>
QUALITIES	<input type="text"/>	

LAUNCH BAY

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>