

GIFTS & POWERS

First sphere

Second sphere

GIFT:

1. NAME: _____ RANGE: _____ DURATION: _____
Level REQ. ATT.: _____ SYSTEM: _____ SPECIAL

2. NAME: _____ RANGE: _____ DURATION: _____
Level REQ. ATT.: _____ SYSTEM: _____ SPECIAL

3. NAME: _____ RANGE: _____ DURATION: _____
Level REQ. ATT.: _____ SYSTEM: _____ SPECIAL

4. NAME: _____ RANGE: _____ DURATION: _____
Level REQ. ATT.: _____ SYSTEM: _____ SPECIAL

MASTERIES

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Book ref.: _____
Page: _____

GIFT:

1. NAME: _____ RANGE: _____ DURATION: _____
Level REQ. ATT.: _____ SYSTEM: _____ SPECIAL

2. NAME: _____ RANGE: _____ DURATION: _____
Level REQ. ATT.: _____ SYSTEM: _____ SPECIAL

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