

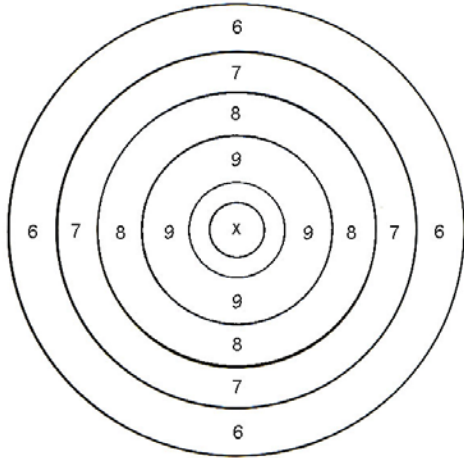
Name: _____

Date: ___/___/___ Time: _____ Place: _____ Event: _____

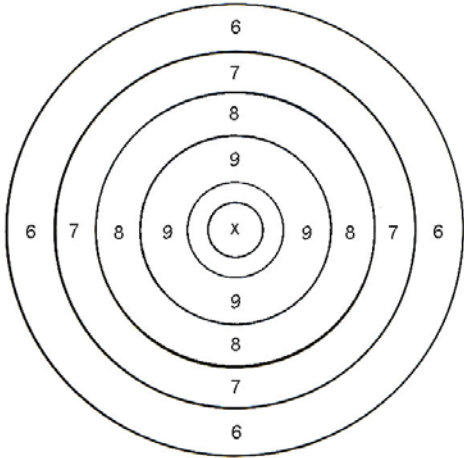
Discipline: _____ Ammo: _____ Conditions: IN/OUT/WIND/BRIGHT/DARK/RAIN/HOT/COLD

Goal:
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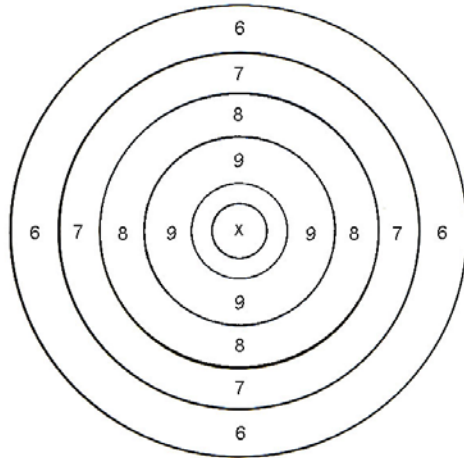
Preparation:
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Comments:
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