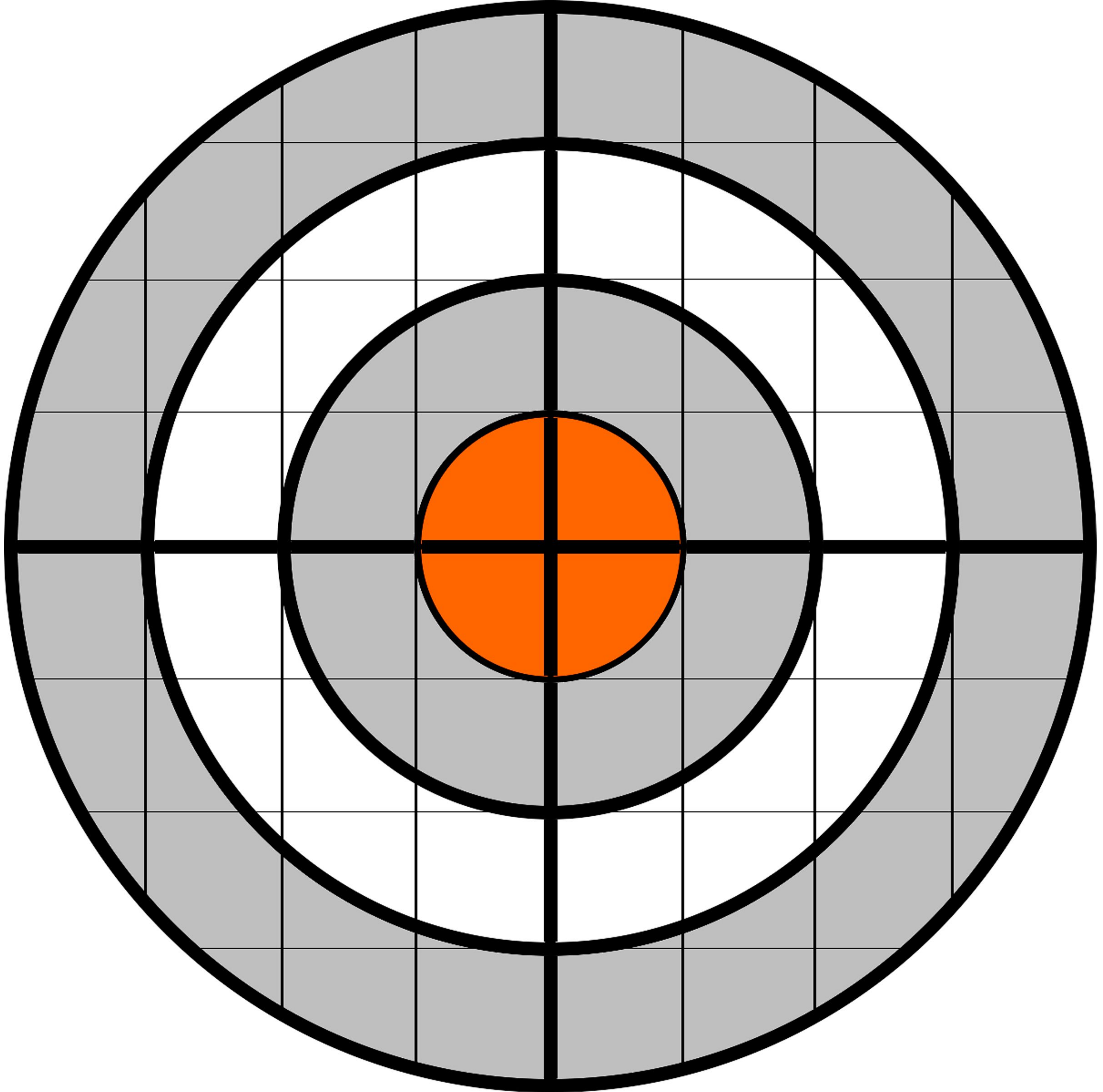




Date: _____

Distance: _____

Firearm: _____

Optic: _____

Barrel Length: _____

Caliber: _____

Powder: _____

Charge: _____

Primer: _____

Bullet: _____