



Date: \_\_\_\_\_

Distance: \_\_\_\_\_

Firearm: \_\_\_\_\_

Optic: \_\_\_\_\_

Barrel Length: \_\_\_\_\_

Caliber: \_\_\_\_\_

Powder: \_\_\_\_\_

Charge: \_\_\_\_\_

Primer: \_\_\_\_\_

Bullet: \_\_\_\_\_