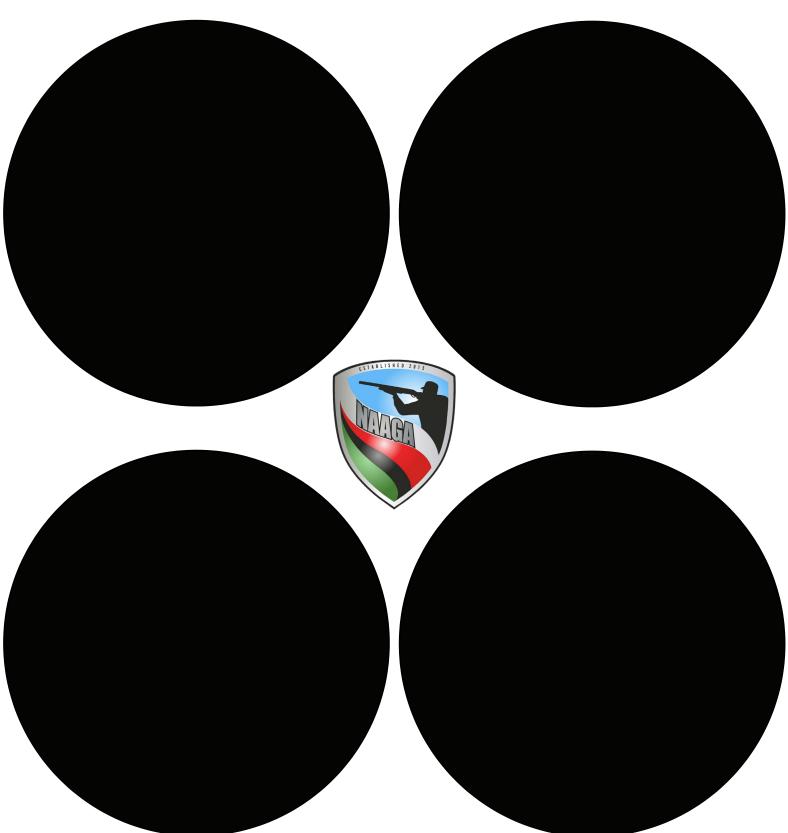
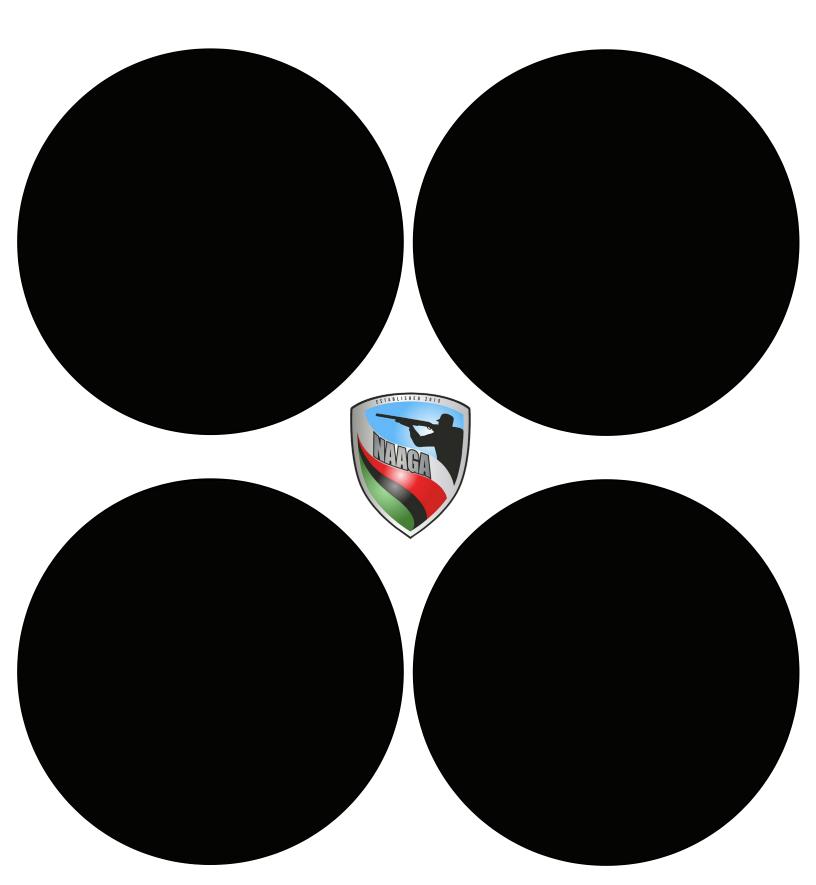
Student Name: ____Certified Instructor: ____Date: ____



Student Name: _____Certified Instructor: _____Date: _____



Student Name: ______ Certified Instructor: ______ Date: _____

Student Name:	Certified Instructor:	Date:	

5 Shots | 5 Yards | 5 Seconds | 5 inch Circle



Student Name:	Certified Instructor:	Date:	
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