



Date: _____

----- BULLSEYE -----

NAME	Paid	R1/R2/CF	Slow	Timed	Rapid	Total	Slow 2	Timed 2	Rapid 2	Total 2
		R1 R2								
		R1 R2								
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		R1 R2								
		R1 R2								
		Centerfire								
		Centerfire								
		Centerfire								
		Centerfire								
		Centerfire								
*Please mark if this is a Makeup (M)										