Sh	ooting Perfo	Sheet No.			
Ground:		Ranges:		Target colour:	
Name:		Position:		Date:	
Gun:		Chokes:		Cartridges:	
Clothing:				Glasses:	
Event:		Start:		End:	
Performan	ce				
Rounds:	1st:	2nd:	3rd:	4th:	S/off:
Performance no	otes:		•		
Weather					
Temperature:		Cloud cover:		Light:	
Wind:		Affecting targets: LH			H
Notes:					
Physical Co	ndition				
Travel time:		Meal night before:			
Food/Drink before:		Food/Drink during:			
Notes:					
Psychologic	cal condition				
Relaxation exercise:		Pre-Shoot Routing:		Visualisation:	
Notes:					
Planned changes / Notes					

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