



Shooting Control Sheet – Practice Day

Name of Tournament

Held at: _____ **Date:** _____

Morning session **5 / 2 min warning(s) at:** _____

Practice End No:	Time End Started	Time End Finished	Remarks
1			
2			
3			
4			
5			
6			
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8			
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10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			Total Time: Hr ____ Min ____

Notes:





Afternoon Session	5 / 2 min warning(s) at:		
Practice End No:	Time End Started	Time End Finished	Remarks
1			
2			
3			
4			
5			
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7			
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9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			Total Time Hr ____ Min ____

Notices to Archers:
Weather Conditions:
Other Comments:



Director of Shooting:	Chief of Judges:
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