



## Arlington Gun Academy - Individual Practice Tracking Report



Student Name: \_\_\_\_\_  
DL#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
email: \_\_\_\_\_

	Date	Time	Description of Shooting Practice	Range Name	Range Officer Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Once you complete this form, mail it back to : Arlington Gun Academy, 1121 Sturgeon Ct. #111, Arlington, TX 76001 and you will receive your official Arlington Gun Academy, sharp-shooter black logo cap. Only one cap per student.