



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, 5904 S. Cooper St., Suite 104-263, Arlington, TX 76017 and you will receive your official Arlington Gun Academy, sharp-shooter black logo cap. Only one cap per student.