

**EVENT** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ AM/PM

**TYPE:**

AIR	<input type="checkbox"/>	22	<input type="checkbox"/>	
10 Metre	<input type="checkbox"/>	20 Yd	<input type="checkbox"/>	50 Metre <input type="checkbox"/>
Indoor	<input type="checkbox"/>	Outdoor	<input type="checkbox"/>	
Prone	<input type="checkbox"/>	3 Posit	<input type="checkbox"/>	

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**CONDITIONS:**      TEMP \_\_\_\_\_ LIGHT \_\_\_\_\_ WIND \_\_\_\_\_

**MENTAL CONDITION ( calm , confident, nervous, etc )** \_\_\_\_\_

**PHYSICAL CONDITION: ( how do I feel )** \_\_\_\_\_

**FOOD / DRINK (what did I eat today )** \_\_\_\_\_

**MY GOAL FOR TODAY IS:** \_\_\_\_\_

**SUMMARY: ( what did I learn today )** \_\_\_\_\_

**WHAT WERE TODAY'S CHALLENGES:** \_\_\_\_\_

**FUTURE PLANS:** \_\_\_\_\_