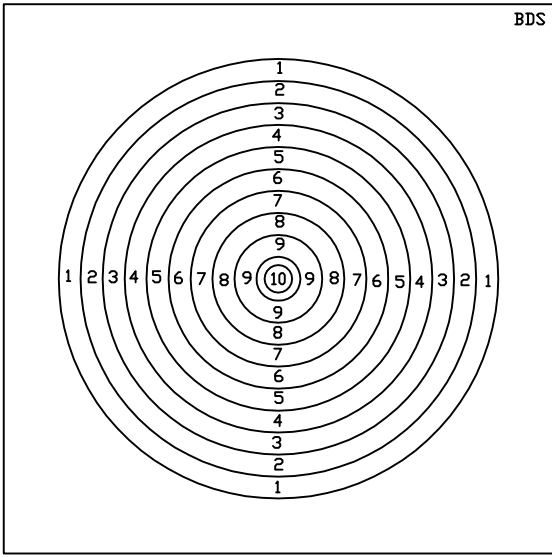


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Kaliber: _____

Waffe: _____



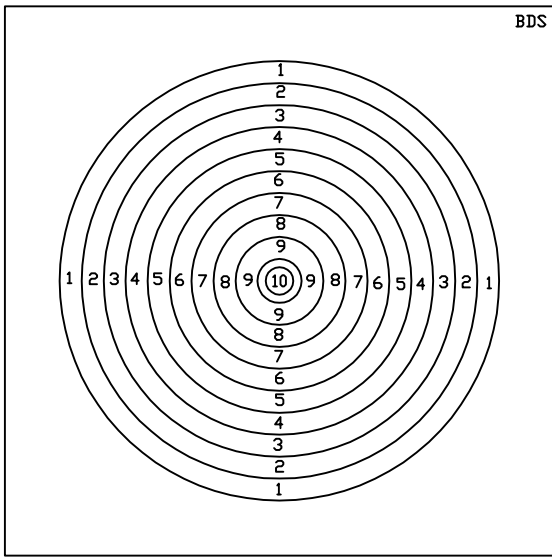
Ringe:

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Gesamt: _____

Ringe:

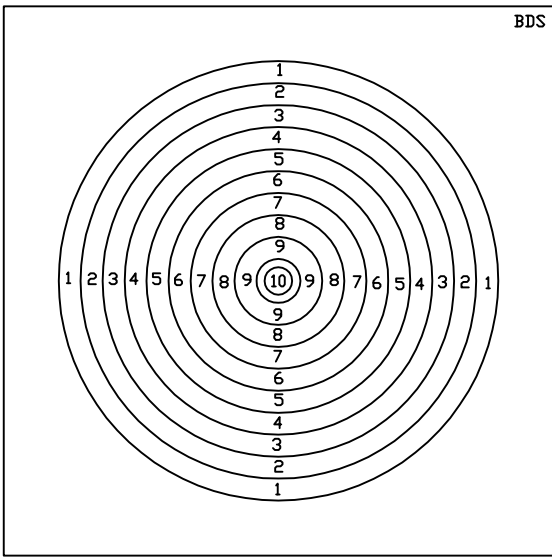
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Kaliber: _____

Waffe: _____



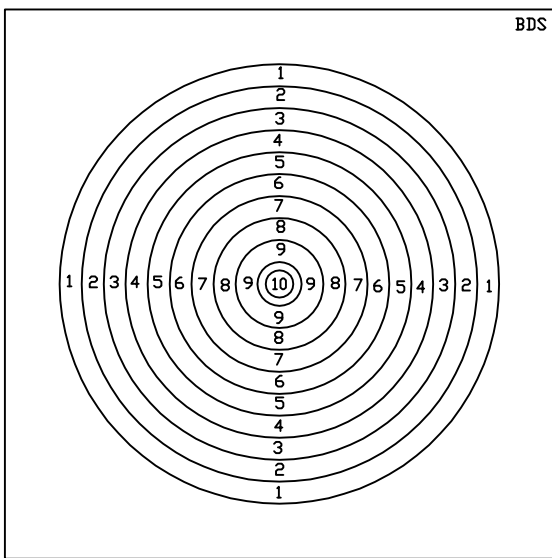
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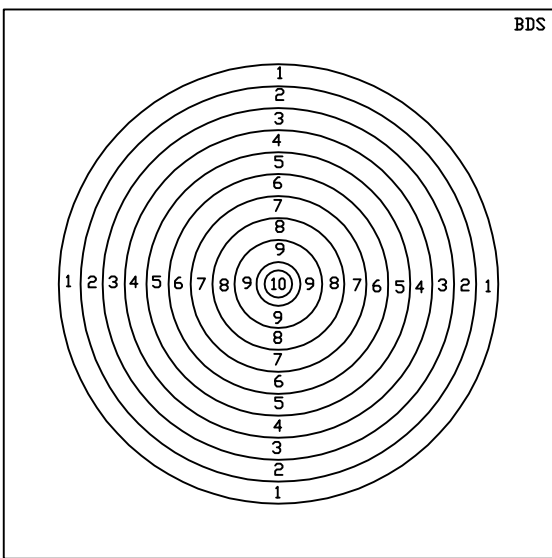
1	2	3	4	5	6	7	8	9	10



Datum: _____

Kaliber: _____

Waffe: _____



Ringe:

1	2	3	4	5	6	7	8	9	10

Gesamt: _____

Ringe:

1	2	3	4	5	6	7	8	9	10