



35x35mm  
5+5

NOM: .....

CARABINE À AIR COMPRIMÉ: .....

DISTANCE: .....

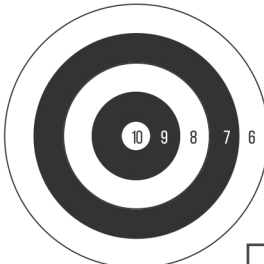
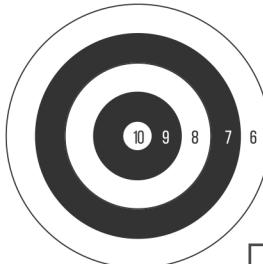
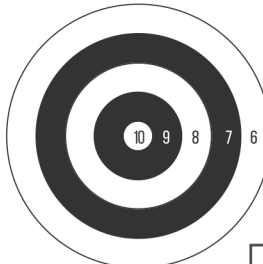
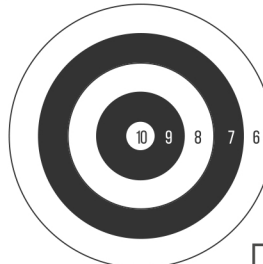
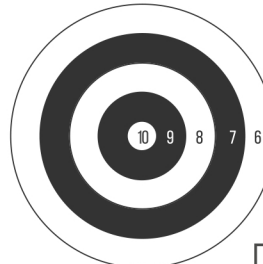
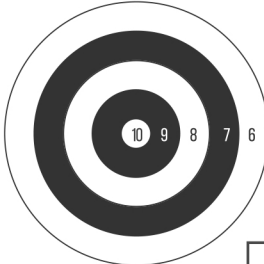
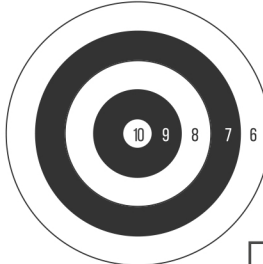
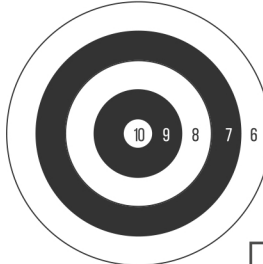
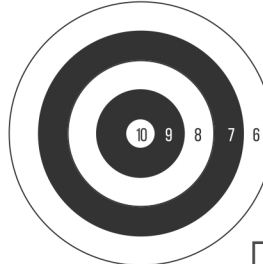
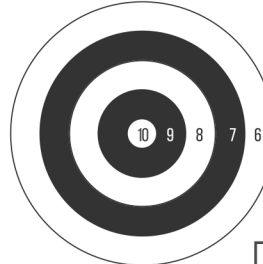
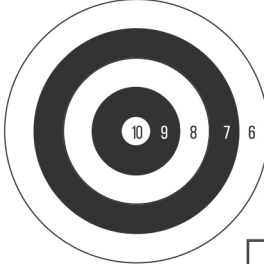
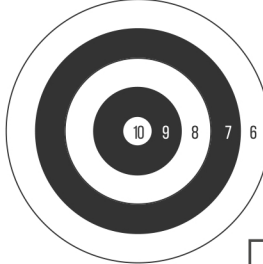
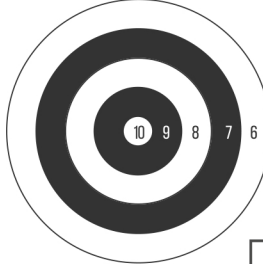
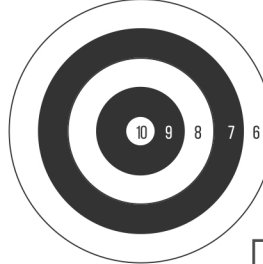
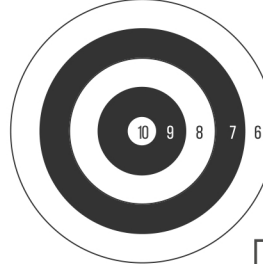
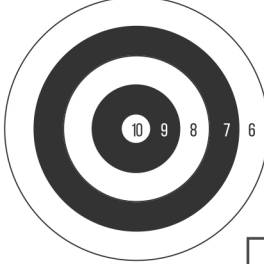
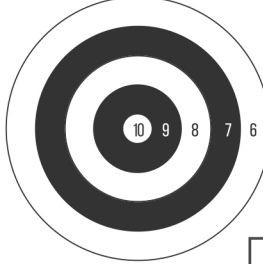
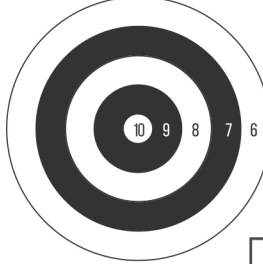
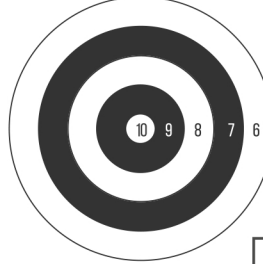
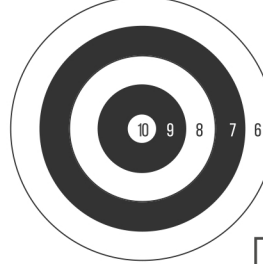
ÉQUIPE: .....

MUNITIONS: .....

DATE: .....

WWW.BALISTAS.FR

 BALISTAS

|                                                                                                                       |                                                                                                                       |                                                                                                                         |                                                                                                                         |                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| 01<br><br><input type="checkbox"/>    | 02<br><br><input type="checkbox"/>    | 03<br><br><input type="checkbox"/>    | 04<br><br><input type="checkbox"/>    | 05<br><br><input type="checkbox"/>    |
| 06<br><br><input type="checkbox"/>   | 07<br><br><input type="checkbox"/>   | 08<br><br><input type="checkbox"/>   | 09<br><br><input type="checkbox"/>   | 10<br><br><input type="checkbox"/>   |
| 11<br><br><input type="checkbox"/>   | 12<br><br><input type="checkbox"/>   | 13<br><br><input type="checkbox"/>   | 14<br><br><input type="checkbox"/>   | 15<br><br><input type="checkbox"/>   |
| 16<br><br><input type="checkbox"/> | 17<br><br><input type="checkbox"/> | 18<br><br><input type="checkbox"/> | 19<br><br><input type="checkbox"/> | 20<br><br><input type="checkbox"/> |