

<input type="checkbox"/>	Rules & Scorecard
Video Req. (y/n) <input type="checkbox"/>	Video Req. (y/n) <input type="checkbox"/>
Re-Load Req. (y/n) <input type="checkbox"/>	Re-Load Req. (y/n) <input type="checkbox"/>
Target Zone <input type="checkbox"/>	Hand (s/w) <input type="checkbox"/>
Points <input type="text"/>	Time <input type="text"/>

Event Name / Challenge no.	<input type="text"/>
Competitors User Name	<input type="text"/>
Date	<input type="text"/>
Range masters Name	<input type="text"/>
Range masters Signature	<input type="text"/>

