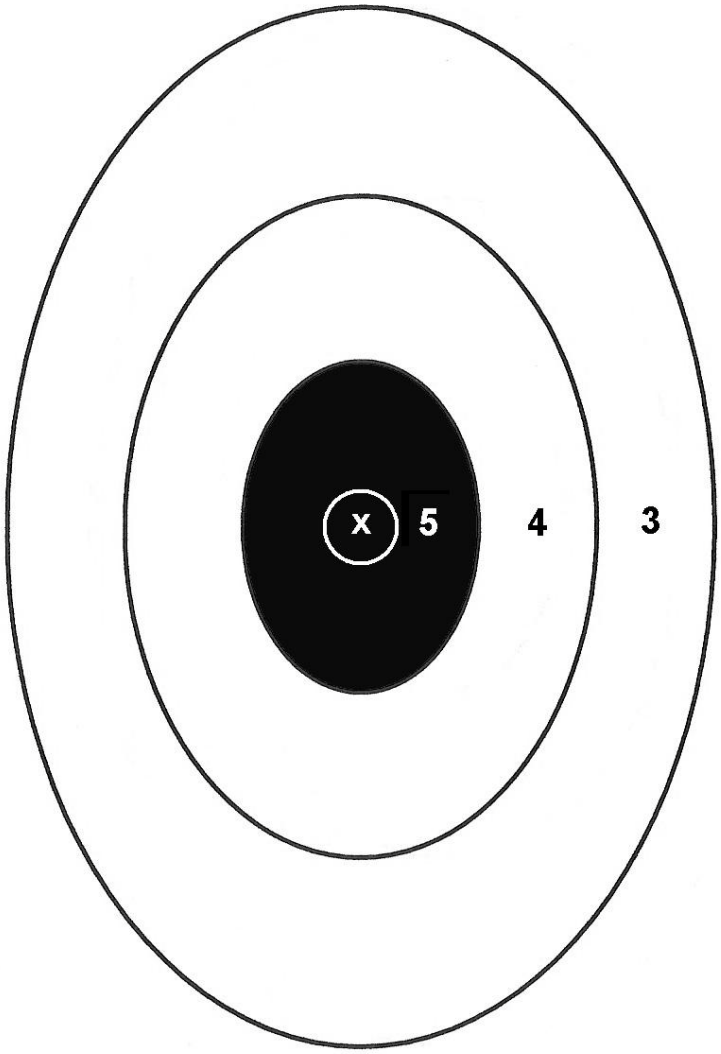
GAF Target A



Name: _____

GAF No. _____

Date: _____

Weapon: _____