DATE: _____ _____ POLICE DEPARTMENT LOCATION: _____

MPTC Firearms Score Sheet		PISTOL						PISTOL						
		15 yd	10 yd	7 yd	5 yd	3 yd	Pistol Score	15 yd	10 yd	7 yd	5 yd	3 yd	Pistol Score	Remedial
NAME	HANDGUN Make/Ser #	*Minimum number of hits to pass*						*Minimum number of hits to pass*						
		4	8	8	10	10		4	8	8	10	10		

Lead Instructor		Notes:
Asst. Inst / RO's		
WEATHER		
AMMUNITION		

Revised 11/24/2016