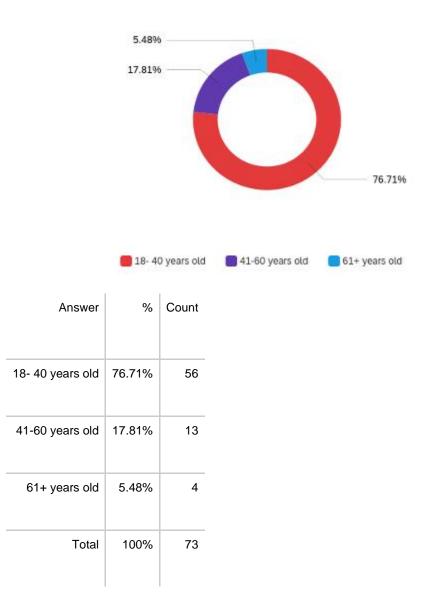
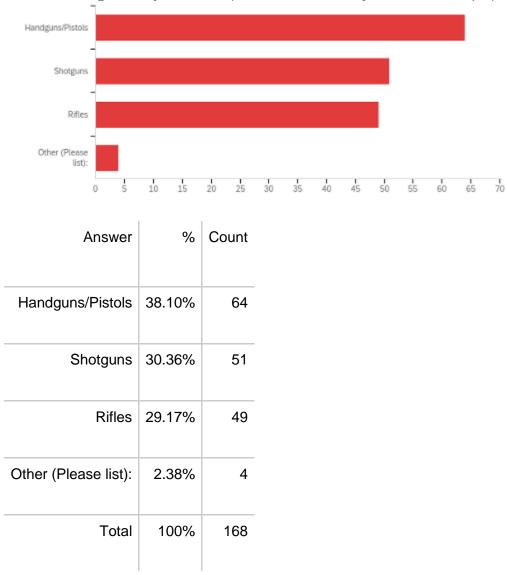
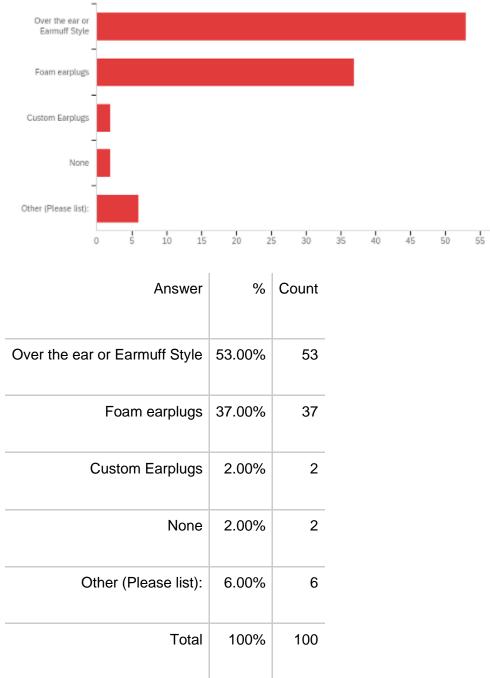
Age Groups

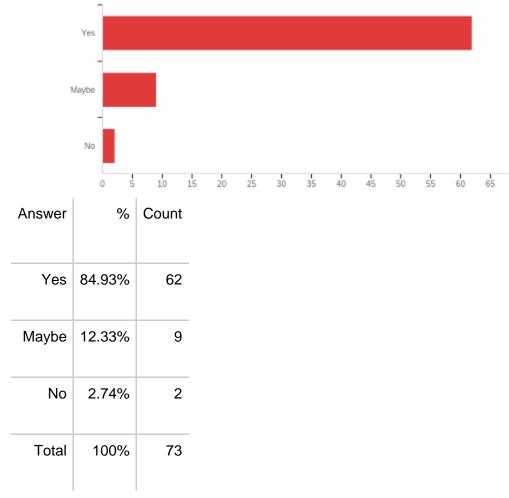




What kinds of guns do you shoot? (select all kinds that you shoot if multiple)

What type of hearing protection do you use when you shoot? (Check all that you wear if multiple)





Would you wear hearing protection when shooting if not told to do so?