

**NRA NATIONAL INTERCOLLEGIATE SECTIONAL
WOMEN'S AIR PISTOL - TEAM SCORING REPORT
(PLEASE PRINT OR TYPE)**

WAP TEAM

TEAM NAME: _____

COLLEGE REPRESENTED: _____ NRA CLUB# _____

COACH NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

| SPECIAL CATEGORY - CIRCLE IF APPLICABLE | |
|---|----------------|
| ROTC | JUNIOR COLLEGE |

| NAME | | NRA ID# | | |
|----------|----------|----------|----------|-------|
| | | | | |
| Series 1 | Series 2 | Series 3 | Series 4 | TOTAL |
| | | | | |

| NAME | | NRA ID# | | |
|----------|----------|----------|----------|-------|
| | | | | |
| Series 1 | Series 2 | Series 3 | Series 4 | TOTAL |
| | | | | |

| NAME | | NRA ID# | | |
|----------|----------|----------|----------|-------|
| | | | | |
| Series 1 | Series 2 | Series 3 | Series 4 | TOTAL |
| | | | | |

| | |
|-------------------|--------------|
| | TOTAL |
| TEAM TOTAL | |

SECTIONAL LOCATION: _____ DATE: _____