

NRA NATIONAL JUNIOR INDOOR METRIC POSITION SECTIONAL - TEAM SCORING REPORT
 (PLEASE PRINT OR TYPE)

TEAM NAME: _____

CLUB REPRESENTED: _____ NRA CLUB# _____

COACH NAME: _____ COACH # _____ TEAM CAPT: _____

STREET & NUMBER: _____

CITY: _____ STATE: _____ ZIP: _____

Note: All team members must fire in the same Sectional and at the same location.

TEAM CATEGORY: (CIRCLE ONE)				
JUNIOR	INTER-JUNIOR	SUB-JUNIOR	SCHOLASTIC	MILITARY SCHOLASTIC

NAME	AGE	NRA ID #	CATEGORY		SCORE

NAME	AGE	NRA ID #	CATEGORY		SCORE

NAME	AGE	NRA ID #	CATEGORY		SCORE

NAME	AGE	NRA ID #	CATEGORY		SCORE

	TOTAL
TOTAL TEAM SCORE	

Sectional location: _____ Date: _____