

NRA NATIONAL OPEN SECTIONAL - PRECISION AIR RIFLE - TEAM SCORING REPORT
(PLEASE PRINT)

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 CLASSIFICATION: (CIRCLE ONE)				Complete one card for each team and send to NRA IMMEDIATELY following the Sectional
MASTER	EXPERT	SHARPSHOOTER	MARKSMAN	

NAME	NRA ID#	CLASS		SCORE

NAME	NRA ID#	CLASS		SCORE

NAME	NRA ID#	CLASS		SCORE

NAME	NRA ID#	CLASS		SCORE

	TOTAL
TOTAL TEAM SCORE	

Sectional location: _____ Date: _____