

NRA NATIONAL OPEN INDOOR METRIC POSITION SECTIONAL - 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)				TEAM CATEGORY (CIRCLE ONE)		
MASTER	EXPERT	SHARPSHOOTER	MARKSMAN	CIVILIAN	SERVICE	MIXED TEAM

NAME	NRA ID#	CLASS	CATEGORY	SCORE

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TOTAL TEAM SCORE	TOTAL

Sectional location: _____ Date: _____

Item # 370-0570