

**NRA NATIONAL INTERCOLLEGIATE SECTIONAL
STANDARD PISTOL - TEAM SCORING REPORT
(PLEASE PRINT OR TYPE)**



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#	
SLOW	TIMED	RAPID	TOTAL

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SLOW	TIMED	RAPID	TOTAL

NAME		NRA ID#	
SLOW	TIMED	RAPID	TOTAL

NAME		NRA ID#	
SLOW	TIMED	RAPID	TOTAL

TEAM TOTAL	TOTAL

SECTIONAL LOCATION: _____ DATE: _____