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

CLUB REPRESENTED:	TEAM NAME:					
STREET & NUMBER: CITY: Note: All team members must fire in the same Sectional and at the same location. TEAM CLASSIFICATION: (CIRCLE ONE) MASTER EXPERT SHARPSHOOTER MARKSMAN NAME NAME NRA ID# CLASS SCORE NAME NRA ID# CLASS SCORE NAME NRA ID# CLASS SCORE NAME NRA ID# CLASS SCORE	CLUB REPRESENTED:				NRA CLUB#	
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	COACH NAME:	COACH #:	TEAM CAPT	:		
Note: All team members must fire in the same Sectional and at the same location. Complete one card for each team and send to NRA IMMEDIATELY following the Sectional	STREET & NUMBER:					
TEAM CLASSIFICATION: (CIRCLE ONE) Complete one card for each team and send to NRA IMMEDIATELY following the Sectional NAME NAME NRA ID# CLASS SCORE	CITY:			STATE:	ZIP:	
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Sectional location: _____ Date: _____