

**NRA NATIONAL INTERCOLLEGIATE SECTIONAL
WOMEN'S SPORT PISTOL - TEAM SCORING REPORT**
(PLEASE PRINT OR TYPE)

WSP TEAM

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#	
PRECISION	RAPID	TOTAL

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PRECISION	RAPID	TOTAL

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PRECISION	RAPID	TOTAL

	TOTAL
TEAM TOTAL	

SECTIONAL LOCATION: _____ DATE: _____