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

TEAM NAME: _							
CLUB REPRESENTED:						NRA CLUB#	
COACH NAME	.:		COACH #: _	TEAM CAP	T:		
STREET & NUI	MBER:						
CITY:					STATE:	ZIP:	
Note: All team	n members must f	ire in the same Sectional	and at the same location	1.			
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	.5	
Sectional location:				Date:		Item # 370-0	600