



NATIONAL RIFLE ASSOCIATION OF AMERICA

Competitive Shooting Division – Pistol Department

ATTN: Tournament Reporting

11250 Waples Mill Road Fairfax, Virginia 22030

SECTIONAL TOURNAMENT FEE REPORTING FORM

Tournament #: _____

Sponsoring Organization: _____

Tournament Date: _____

Location: _____

Address: _____

City/State/Zip Code: _____

Phone: _____

Email: _____

Submitted By: _____

Signature: _____

Tournament Type	Fee	# Competitors	Amount Due
Individuals	\$8.00 per competitor	*	\$
Team	\$5.00 per team		\$
**BB Gun Individual	\$3.00 per competitor	*	\$
		Total Remitted:	\$