

**REGISTRATION FEE AND MATCH ENTRY REPORTING FORM**  
**2019 NRA INTERCOLLEGIATE SECTIONAL TOURNAMENT**

This form should be completed by the Tournament Sponsor and returned to the NRA with the correct remittance. The information below is necessary to properly credit your payment.

Type of Intercollegiate Sectional: **FILL OUT THE LINE FOR EACH SECTIONAL FIRED**

**SMALLBORE RIFLE**

**(60 Shots)**

Number of Individuals \_\_\_\_\_ X \$10.00 per individual per event \_\_\_\_\_  
Number of Teams \_\_\_\_\_ X \$12.00 per team per event \_\_\_\_\_

**AIR RIFLE**

**(60 Shots)**

Number of Individuals \_\_\_\_\_ X \$10.00 per individual per event \_\_\_\_\_  
Number of Teams \_\_\_\_\_ X \$12.00 per team per event \_\_\_\_\_

**FREE PISTOL**

Number of Individuals \_\_\_\_\_ X \$10.00 per individual per event \_\_\_\_\_  
Number of Teams \_\_\_\_\_ X \$12.00 per team per event \_\_\_\_\_

**STANDARD PISTOL**

Number of Individuals \_\_\_\_\_ X \$10.00 per individual per event \_\_\_\_\_  
Number of Teams \_\_\_\_\_ X \$12.00 per team per event \_\_\_\_\_

**AIR PISTOL**

Number of Individuals \_\_\_\_\_ X \$10.00 per individual per event \_\_\_\_\_  
Number of Teams \_\_\_\_\_ X \$12.00 per team per event \_\_\_\_\_

**WOMENS SPORT PISTOL**

Number of Individuals \_\_\_\_\_ X \$10.00 per individual per event \_\_\_\_\_  
Number of Teams \_\_\_\_\_ X \$12.00 per team per event \_\_\_\_\_

**WOMENS AIR PISTOL**

Number of Individuals \_\_\_\_\_ X \$10.00 per individual per event \_\_\_\_\_  
Number of Teams \_\_\_\_\_ X \$12.00 per team per event \_\_\_\_\_

**Side Match #1 – Rapid Fire Pistol**

Number of Individuals \_\_\_\_\_  
\$5.00 per Individual \_\_\_\_\_

**TOTAL INDIVIDUAL & TEAM FEES:** \_\_\_\_\_

\_\_\_\_\_  
(Sponsor)

\_\_\_\_\_  
(Location)

Submitted by: Name Address City/State/Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**SEND TO:** Victoria Croft, NRA Collegiate Shooting Program  
11250 Waples Mill Rd, Fairfax, VA 22030