

**NRA NATIONAL INTERCOLLEGIATE SECTIONAL
AIR PISTOL - TEAM SCORING REPORT
(PLEASE PRINT OR TYPE)**



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#			
Series 1	Series 2	Series 3	Series 4	Series 5	Series 6	TOTAL

NAME			NRA ID#			
Series 1	Series 2	Series 3	Series 4	Series 5	Series 6	TOTAL

NAME			NRA ID#			
Series 1	Series 2	Series 3	Series 4	Series 5	Series 6	TOTAL

NAME			NRA ID#			
Series 1	Series 2	Series 3	Series 4	Series 5	Series 6	TOTAL

TEAM TOTAL	TOTAL

SECTIONAL LOCATION: _____ DATE: _____