



**NRA NATIONAL INTERCOLLEGIATE SECTIONAL
AIR RIFLE - 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			
REGULAR (Circle One)			SPECIAL
NCAA COLLEGE	NRA COLLEGE CLUB	JUNIOR COLLEGE	ROTC

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

	TOTAL
TEAM TOTAL	

SECTIONAL LOCATION: _____ DATE: _____