

**NRA NATIONAL OPEN CONVENTIONAL PISTOL SECTIONAL
INDIVIDUAL / TEAM ENTRY AND SCORECARD
(PLEASE PRINT OR TYPE)**

NRA MEMBERSHIP / CLASSIFICATION NUMBER

(REQUIRED) _____

NAME: _____
 Last First MI

ADDRESS: _____

CITY, ST, ZIP: _____

PHONE: (Include area code): _____

MATCHES YOU WISH TO ENTER (MUST CIRCLE APPROPRIATE #'s)

1 2 3 4 5 6

I plan to fire on (date) _____ AM PM

with (Team) _____

COMPETITOR'S CERTIFICATION

I certify that the scores on this card are correct and that the classification and category I have checked on this card are the ones I am presently authorized to use according to NRA rules.

DATE: _____ SIGNATURE: _____

DATE & LOCATION OF SECTIONAL: _____

AWARD CATEGORY

REGULAR (MUST Circle one)	SPECIAL (Indicate all applicable)	
CIVILIAN	WOMAN	GRAND SENIOR
POLICE	JUNIOR	
SERVICE	SENIOR	

CURRENT NRA CONVENTIONAL PISTOL CLASSIFICATION:

HIGH MASTER MASTER EXPERT SHARPSHOOTER
 MARKSMAN

	TOTAL SHOTS	SCORE	X
IND AGGREGATE	90		
TOTAL 30 SHOTS RF	30		

Team Match	30		
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