

**NRA NATIONAL OPEN SECTIONAL - CONVENTIONAL PISTOL
TEAM SCORING REPORT
(PLEASE PRINT OR TYPE)**

TEAM NAME: _____

CLUB REPRESENTED: _____ NRA CLUB# _____

TEAM CAPT NAME: _____

STREET & NUMBER: _____

CITY: _____ STATE: _____ ZIP: _____

CLASSIFICATION: (CIRCLE ONE)				CATEGORY: (CIRCLE ONE)			
HIGH-MASTER	MASTER	EXPERT	SHARPSHOOTER	CIVILIAN	POLICE	SERVICE	STATE ASSN
MARKSMAN				MIXED TEAM			

NAME		NRA ID #		CLASS	CATEGORY
SLOW	TIMED	RAPID	TOTAL		

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SLOW	TIMED	RAPID	TOTAL		

	TOTAL
TEAM TOTAL	

Sectional location: _____ Date: _____