

**NRA NATIONAL OPEN SECTIONAL -
INTERNATIONAL STANDARD 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)				Complete one card for each team and send to NRA IMMEDIATELY following the Sectional		
MASTER	EXPERT	SHARPSHOOTER	MARKSMAN			

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

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1	2	3	4	5	6	TOTAL

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1	2	3	4	5	6	TOTAL

	TOTAL
TEAM TOTAL	

Sectional location: _____ Date: _____