STATISTICAL OFFICE RECORD NRA CONVENTIONAL TOURNAMENTS ONLY

(To be retained by Sponsor)

	1 2 3 4 5 6 7 8 9 10 11 12 13
(Print) NAME COMP#	I WILL FIRE TEAM MATCH NUMBER(S)
STREET ADDRESS	WILLTING TEAM WATCH NOWIDEN(G)
	TEAM NAME
CITY STATE ZIP CODE	TEAM NAME
PHONE:	CATEGORIES (See match program)
EMAIL:	
NRA CARD #1 FOR USE AS ENTRY CARD AND FOR REPORTING SCORES TO NRA. SPONSOR: IMMEDIATELY AFTER TOURNAMENT, DETACH OTHER PORTION AND SEND TO NRA. SEND ONE FOR EACH COMPETITOR. SEE RULE BOOK SECTION FOR SCORES TO BE REPORTED FOR CLASSIFICATION. INCLUDE FIRED TEAM SCORES OF INDIVIDUALS.	CLASSIFICATION (Circle one) High Master Master Expert Sharpshooter Marksman Unclassified
# Matches	RELAY: 1st Choice 2nd Choice
Registration Fee: \$ Amount Paid: \$	Relay time: Day: Date:
(Complete and return this portion to NRA) NRA ID No.	(USE REVERSE SIDE FOR HIGH POWER RIFLE) ☐ Indoor ☐ Outdoor
Date of Birth:	INDIVIDUAL TEAM TYPE COMPETITION SHOTS SCORE SHOTS SCORE
. · . · . /	Conv. Pistol High Power Sporting
Print) LAST NAME FIRST NAME MI	SBR Prone
	SBR Metric Prone
STREET ADDRESS	SBR 3-Position
	SBR 4-Position
CITY STATE ZIP CODE	Light Rifle Stand
	Light Rifle 3-Pos Light Rifle Prone
TOURNAMENT DATE & LOCATION	BB Gun 4-Pos
Signature of Competitor:	BB Gun 3-Pos
	Prec Air Rifle Pos
	Sport Air villa Don

CIRCLE THE NUMBER OF EACH MATCH YOU WISH TO

ENTER: All individual matches (Check) □

SR-1 20M NR43100CT16930 09/10

