ASSA National Record Report

This report must be submitted within one (1) month after completion of the match and include:

**A copy of the final results bulletin*

**The actual fired targets for record consideration.*

Competitor Name: _____ phone: _____

email address: _____

Match Location: _____ Match Date: _____

Match Director Name: _____ phone: _____

email address: _____

National Record for Consideration: _____

_____

(describe record / course of fire / # of shots - i.e. "40 shots standing, outdoor 3-position - anysight")

Match type (circle): **PRONE** **3-POSITION** **4-POSITION**

INDOOR **OUTDOOR**

CONVENTIONAL **METRIC**

Circle the Categories Below that Apply for the Competitor

Civilian **Service** **Woman** **JR** **Int-Jr** **Sub-Jr**

Senior **Int-Senior**

AREA BELOW IS FOR OFFICIAL ASSA USE ONLY

Received By: _____

Date Recevied by ASSA: _____

Reviewed By: _____

National Record Recognized: **YES** **NO**

Explanation (if NO): _____

_____

_____

Competitor Notified On: _____ By: _____

Match Director Notified On: _____ By: _____