



Sporting Clays
20 Station
Scoresheet

Name: _____ Date: _____
 NSCA # _____ Phone #: _____
 Location/Event: _____ Squad: _____

	1	2	3	4	5	6	7	8	9	10	Station Total	Running Total
Station 1												
Station 2												
Station 3												
Station 4												
Station 5												
Station 6												
Station 7												
Station 8												
Station 9												
Station 10												
Station 11												
Station 12												
Station 13												
Station 14												
Station 15												
Station 16												
Station 17												
Station 18												
Station 19												
Station 20												
											Overall Total	

Scorer Signature: _____ Shooter Signature: _____



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