# Thrown Weapons Royal Round Recording Form

Date: ___________ Location: ________________ Group: ________________

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| Name | Axe 1 | Axe 2 | Axe 3 | Axe 4 | Tot.A10 | Knife 1 | Knife 2 | Knife 3 | Knife 4 | Tot.K10 | Axe 1 | Axe 2 | Tot.A20 | Knife 1 | Knife 2 | Tot.K20 | TOTAL |
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