

Last Stone Draw

Declaration



Date: _____ Event: _____

Draw: _____ Sheet: _____

Team: _____

Won Coin Toss:	Yes	No	N/A
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Practice:

1	2
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 OR Stone Colour: _____

Thrower: _____ Position: _____ Turn: _____ Clockwise

Thrower: _____ Position: _____ Turn: _____ Counter-Clockwise

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