

# CECS LEVEL II

Course date	
From	To
15-Nov-24	19-Nov-24

## Throws

COACH NUMBER	FAMILY NAME	FIRST NAME	COUNTRY	M/F	EMAIL	FINAL PASS OR FAIL	Event Group	
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5	52223	SHAKTI	SINGH	IND	M	shaktirangi@gmail.com	PASS	THROWS
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