Заявка на участие

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 от команды \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

дата проведения\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

место проведения\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| № п/п | Фамилия | Имя | Отчество | Дата рождения  | Разряд | Домашний адрес | Данные паспорта | Виза врача |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |
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| 12. |  |  |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |  |  |

Тренер команды \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

Представитель команды \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

Телефон представителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Спортсмены в количестве \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ человек прошли медицинский осмотр в полном объеме

Врач \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

 «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ г.

МП медицинского учреждения

Руководитель органа управления физической культурой и спортом МО

 \_\_\_\_\_\_\_\_\_\_ «\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_ г.

 МП