**ЗАЯВКА**

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**(организация)**

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| **№** | **Участник** | **Дата****рождения** | **Город****Клуб** | **Фамилия****тренера** | **Участник показательных выступлений (Х)** | **Виза****врача** |
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Всего допущено \_\_\_\_\_\_\_\_\_\_\_\_ чел.

Программа показательных выступлений на \_\_\_\_\_\_\_ мин.

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| Врач |  | / |  |
|  | (Подпись) |  | (Ф И О Врача) |

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| Руководительорганизации |  | / |  |
|  | (Подпись) |  | (Ф И О Врача) |

«\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 200\_\_ г.

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