Приложение № 1

ИМЕННАЯ ЗАЯВКА

на участие в \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Место проведения: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Дата проведения: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

от организации: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| №п/п | ФИО | Годрожд. | Спорт.разряд | ДопускВрача |
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К соревнованиям допущено \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ человек

Врач (ФИО) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ м.п. Дата: \_\_\_\_\_\_\_\_\_\_\_\_

Представитель команды (ФИО) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Контакты \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_