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| **«УТВЕРЖДЕНО»****Руководитель органа исполнительной власти****по физической культуре и спорту****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/****«\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 201\_\_\_\_ г.****м.п.** | **«УТВЕРЖДЕНО»****Федерация хоккея Республики Татарстан****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Голубев К.В./****«\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 201\_\_\_ г.****м.п.**  |

**ЗАЯВОЧНЫЙ ЛИСТ**

 **для участия в Первенстве Республики Татарстан сезона\_\_\_\_\_\_\_\_\_\_\_\_**

**Команда \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_г.р.\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Адрес команды: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ тел \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **№ п/п** | **Фамилия,имя,отчество** | **Дата рождения** | **Свидетельство, паспорт (сер, №, кем и когда выдан)** | **Адрес** | **Предыдущая ДЮСШ, тренер** | **Амплуа (вр, з, н)** | **№ билета участника** | **Виза врача** |
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**Руководящий состав команды**

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| **№ п/п** | **ФИО / должность** | **Дата рождения** | **Паспорт (сер, №, кем и когда выдан)** | **Адрес** | **ИНН/****№ страх свид-ва** | **Личная подпись** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |

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| **Цвет формы команды:** Основная **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Запасная **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Медицинское учреждение****Допущено \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ хоккеистов****м.п. Глав. врач \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *подпись***Директор ДЮСШ** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *ФИО*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Подпись*  **м.п.** |