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| **«УТВЕРЖДЕНО»**  **Руководитель органа исполнительной власти**  **по физической культуре и спорту**    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/**  **«\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2024 г.**  **м.п.** | **«УТВЕРЖДЕНО»**  **Исполнительный директор**  **РОО «Федерация хоккея Республики Татарстан»**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / К.В. Голубев/**  **«\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2024 г.**  **м.п.** |

**ЗАЯВОЧНЫЙ ЛИСТ**

**для участия в Турнире на призы Федерации хоккея Республики Татарстан сезона 2024-2025гг.**

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

**МБУ СШ «\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_» г.\_\_\_\_\_\_\_\_\_\_ Адрес СШ: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ тел: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **№ п/п** | **игровой номер майки** | **Фамилия, имя, отчество** | **Дата рождения** | **Свидетельство о рождении**  **(серия, №)** | **Адрес** | **Предыдущая СШ** | **Амплуа (вр,з,н)/**  **хват(л,п)** | **№ билета участника** | **Отзаявлен/**  **дозаявлен**  **дата** | **Виза врача** |
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**Руководящий состав команды**

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| **№ п/п** | **ФИО** | **Дата рождения** | **Должность** |
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| **Цвет формы команды:** Основная **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Запасная **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Медицинское учреждение**  **Допущено \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ хоккеистов**  **м.п. Глав. врач \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *подпись*  **Директор СШ** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *ФИО*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Подпись*  **м.п.** |