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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.** |