**Руководящий состав команды**

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| **№ п/п** | **Ф.И.О.**  | **Дата рождения** | **Паспорт (серия, №)** | **Адрес по прописке** | **контактный телефон** |
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| **Цвет формы команды:** Основная **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Запасная **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Медицинское учреждение****Допущено \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ хоккеистов****м.п. Глав. Врач \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *подпись***Руководитель команды « \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ » \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *подпись* |

**«УТВЕРЖДЕНО»**

**Исполнительный директор**

**РОО «Федерация хоккея Республики Татарстан»**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / К.В. Голубев /**

 **«\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2025г.**

**м.п.**

**ЗАЯВОЧНЫЙ ЛИСТ**

**на участие в \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Республики Татарстан среди мужских команд**

**Команда «\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_» г.\_\_\_\_\_\_\_\_\_\_\_\_\_ сезон 2025 - 2026гг.**

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

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| **№ п/п** | **Ф.И.О.** | **Дата рождения** | **Паспорт (серия, №)** | **Адрес по прописке** |  **Виза врача** |
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