**Приложение 1.**

**ЗАЯВКА**

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|  | г. |
| **(организация)** |  |

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| **№** | **ФИО** | **Пол** | **Дата**  **рождения** | **Город**  **Клуб** | **Фамилия**  **тренера** | **Разряд**  **КЮ/ДАН** | **Виза**  **врача** |
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| Всего допущено |  | чел. |
|  | (Прописью) |  |

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| Врач |  | / |  |
|  | (Подпись) |  | (Ф И О Врача) |
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| Руководитель  организации |  | / |  |
|  | (Подпись) |  | (Ф И О Руководителя) |

«\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2015 г.