**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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|  |  |  |  |
| Руководительорганизации |  | / |  |
|  | (Подпись) |  | (Ф И О Руководителя) |

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