**Заявка**

Вид спорта: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Название команды: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| № п/п. | Фамилия, Имя, Отчество | Направление обучения | Курс | Допуск врача |
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«\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2017 г.

Капитан команды:

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*(подпись) (Ф.И.О.)*

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