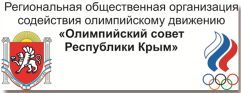
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**ЗАЯВКА**

**МАССОВЫЙ ЛЕГКОАТЛЕТИЧЕСКИЙ ПРОБЕГ ВСЕРОССИЙСКИЙ   
ДЕНЬ БЕГА «КРОСС НАЦИИ» В РЕСПУБЛИКЕ КРЫМ**

**(16.09.2017, г. Симферополь)**

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(полное название команды/организации/учреждения)

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| **№ п/п** | **Стартовый номер** | **Фамилия, имя, отчество спортсмена (полностью)** | **Дата рождения (день, месяц, год)** | **Дистанция** | **Допуск врача** |
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К соревнованиям допущено:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_человек

Врач: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

М.П. (подпись, Ф.И.О.)

Руководитель организации/учреждения \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

М.П. (подпись, Ф.И.О)

Представитель команды\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, +7978-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(подпись, Ф.И.О) (контактный мобильный тел.)