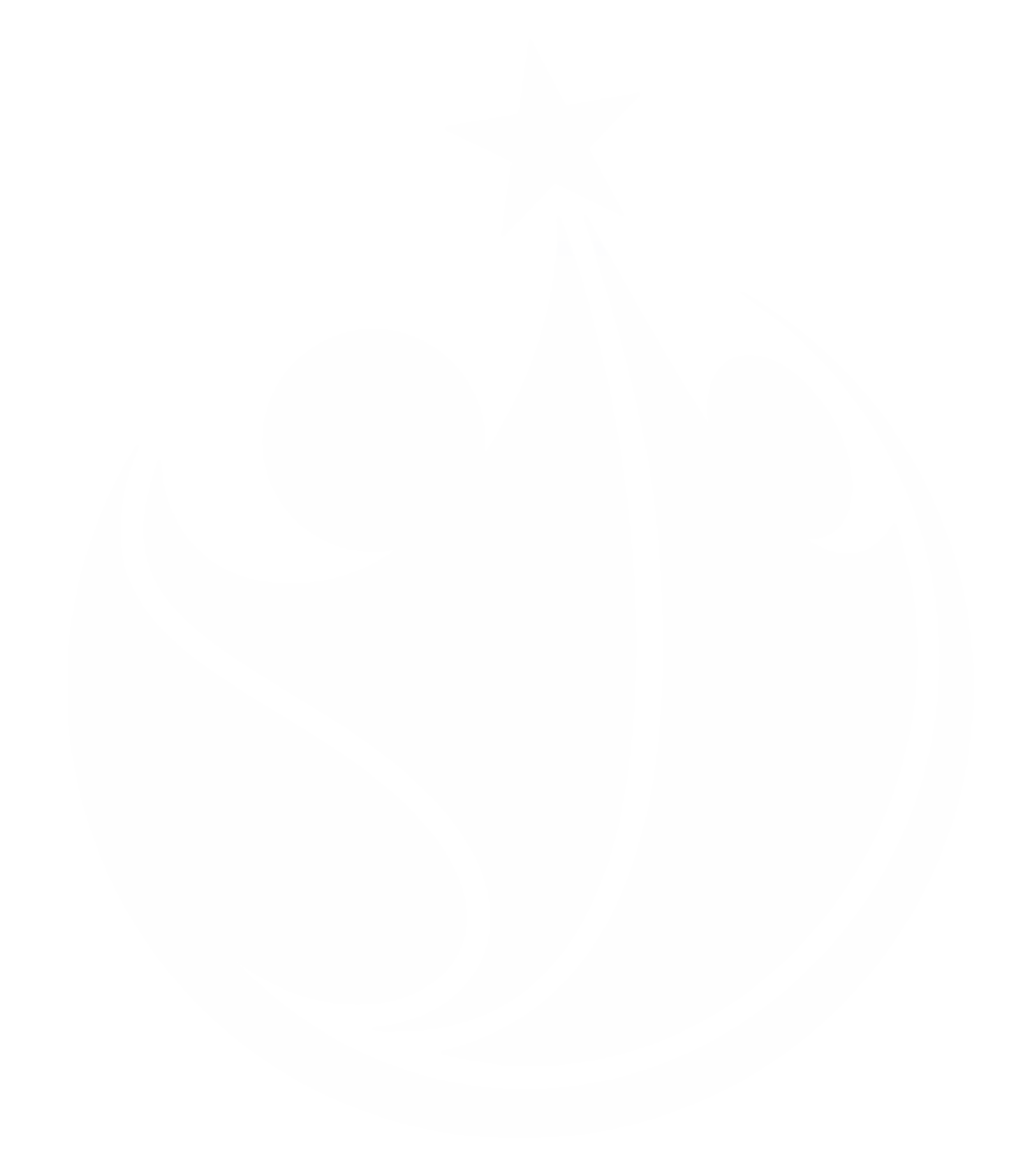
Rozgrywki dzieci bez wyników i tabel



Sprawozdanie należy przesłać na adres e-mail:**kazek1979@wp.pl**

**k.jazwinski@lubuskizpn.pl**

najpóźniej **48 godzin** po zakończeniu turnieju

**PODOKRĘG ………………….**

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| DATA TURNIEJU: |  |
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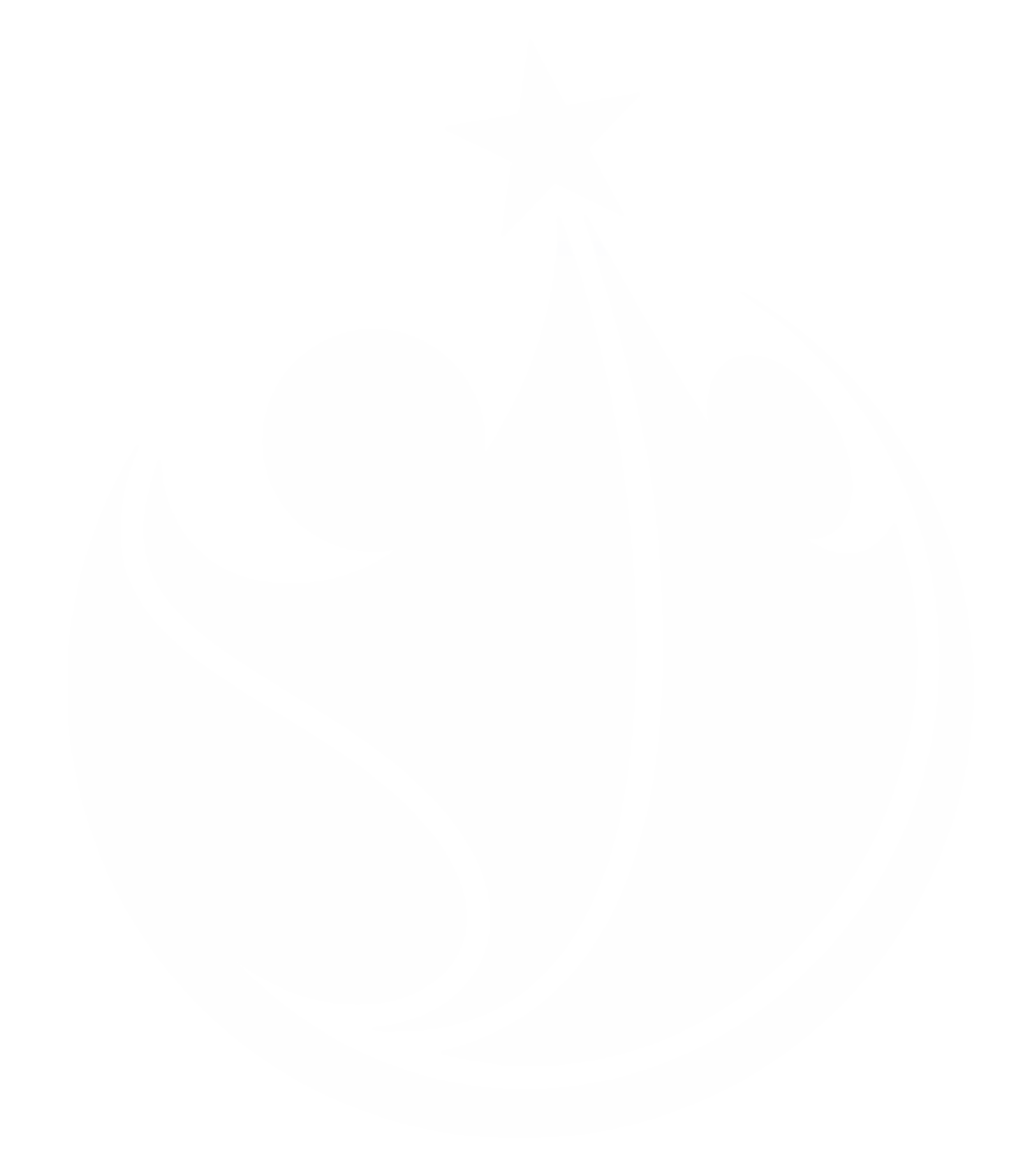
**UCZESTNICY ROZGRYWEK (TURNIEJU):**

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**UWAGI:**

OPIEKA MEDYCZNA PIECZĘĆ PODPIS

PODPIS SĘDZIEGO



Rozgrywki dzieci bez wyników i tabel

Sprawozdanie należy przesłać na adres e-mail:

**…**

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najpóźniej **48 godzin** po zakończeniu turnieju

## UWAGA!!!

**WYPEŁNIONY FORMULARZ WRAZ Z LISTĄ ZGŁOSZENIOWĄ ZATWIERDZONĄ PRZEZ ZZPN NALEŻY PRZEKAZAĆ ORGANIZATOROWI ROZGRYWEK NAJPÓŹNIEJ NA 30 MINUT PRZED ROZPOCZĘCIEM TURNIEJU.**

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| DATA TURNIEJU: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| NAZWA DRUŻYNY: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| GRUPA: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| Nr. | IMIĘ NAZWISKO (DRUKOWANE LITERY) | | | | | | | | | | | | | | | | | | | | | | ROCZNIK | | | | NUMER EWIDENCYJNY | | | | | | | | |
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Oświadczam, że wszyscy w/w zawodnicy/zawodniczki posiadają aktualne badania lekarskie.

WYKAZ OSÓB UPOWAŻNIONYCH DO PRZEBYWANIA NA ŁAWCE REZERWOWYCH

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| Nr. | IMIĘ NAZWISKO (DRUKOWANE LITERY) | | | | | | | | | | | | | | | | | | | | FUNKCJA | | | | | | NUMER LICENCJI | | | | | | | |
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UWAGA!!! PRZY FUNKCJI TRENER OBOWIĄZKOWO WPISUJEMY NUMER LICENCJI TRENERSKIEJ PONADTO TRENER PROWADZĄCY ZOBOWIĄZANY JEST PRZED ROZPOCZĘCIEM TURNIEJU OKAZAĆ LICENCJE TRENERSKĄ ORGANIZATOROWI TURNIEJU.

TRENER LUB KIEROWNIK DRUŻYNY:

PODPIS