Заявка

на участие в соревнованиях «Осенний легкоатлетический кросс»

класс\_\_\_ «\_\_\_\_» «\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_201\_\_г.

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| Мальчики  Мальчики | № п /п | Ф.И.О. | Дата рождения | Виза врача | Результат |
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| **Девочки** |  |  |  |  |  |
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Врач: к соревнованиям дапущено\_\_\_\_\_\_\_\_\_(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)человек\_\_\_\_\_\_\_\_\_\_\_\_\_

Классный руководитель\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/