Заявка на сдачу нормативов ГТО от

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Конт. телефон: \_\_\_\_\_\_\_

электронная почта (e-mail):

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| --- | --- | --- | --- |
| № | ФИО  | Дата рождения | Допуск врача  |
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Допущено к участию в всего \_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) человек

Врач: (ФИО)

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М.П.

Руководитель\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

М.П.