**ЗАЯВКА**

**для сдающих нормативы ВФСК «Готов к труду и обороне»**

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| **№** | **Фамилия, имя, отчество (полностью)** | **УИН** | **Дата рождения** | **Учебная группа** | **Виза врача** |
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**Ответственный \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**Заявка на участие в забеге «Здоровье» \_\_\_\_\_\_\_\_\_\_\_**

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| **№ п/п** | **Фамилия, имя, отчество (полностью)** | **УИН** | **Дата рождения** | **Учебная группа** | **Группа здоровья** |
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**Ответственный \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**