**Заявка команды \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ на участие в Спартакиаде**

|  |  |  |  |
| --- | --- | --- | --- |
| **№****п.п.** | **Фамилия, имя, отчество** | **Дата рождения**  | **Виза врача** |
| Мини-футбол |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |
| Волейбол |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |
| Нарды  |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| Мас-рестлинг |
| 1. |  |  |  |
| 2. |  |  |  |

Руководитель команды \_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

Руководитель медицинского учреждения \_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/