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

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| --- | --- | --- | --- |
| **№**  **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/