**ЗАЯВКА**

**на участие в ВФСК ГТО**

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**(дата проведения тестирования)**

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| --- | --- | --- | --- |
| **№ п/ п**  | **Фамилия, имя, отчество**  | **Дата рождения (дд.мм.гг.)**  | **УИН участника**  |
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Контактный телефон \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_