CIRCUITO AVP DE VÔLEI 30 e 40 + 2 0 1 8

*2ª ETAPA*

*Ficha de Inscrição – EQUIPE*

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| **Equipe** |  |

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| **Naipe** |  | Masculino |  | Feminino | **Cat.** |  | **30+** |  | 40+ |  |  |

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| **Técnico(a)** |  | **CREF** |  |
| **e-mail** |  | **Cel.** |  |

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| **Ass. Téc.** |  | **CREF** |  |
| **e-mail** |  | **Cel.** |  |

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| **Médico(a)** |  | **CRM** |  |

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| **Fisioterapeuta** |  | **CREFITO** |  |

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| **Estagiário(a)** |  | **RG** |  |

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| **Representante dos(as) atletas** |  | | |
| **e-mail** |  | **Cel.** |  |

Comunicamos à Diretoria Técnica da 2ª Etapa do Circuito AVP de Vôlei 30 e 40+ 2018, que o(a) Sr(a) abaixo relacionado(a), Também poderá responder oficialmente por nossa equipe junto à competição:

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| --- | --- | --- | --- |
| Nome |  | | |
| **e-mail** |  | **Cel.** |  |