**ЗАЯВКА (коллективная)**

на участие в комплексном физкультурно-спортивном мероприятии

«Тестирование по Всероссийскому физкультурно-спортивному комплексу «Готов к труду и обороне (ГТО)»

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 (*наименование организации*)

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*(ступень, возрастная категория)*

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| № | Ф.И.О. | Дата рождения | УИН участника | Перечень видов испытаний (тестов) | Допуск врача |
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Всего в заявке допущено \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_человек

Представитель учреждения (организации) \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ Врач\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

Директор (руководитель) Сокращенное наименование организации \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ф.И.О. дата \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_