TROFEO RECTOR

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| **DEPORTE** |  |
| **CENTRO** |  |
| **CATEGORIA (MASC O FEM)** |  |
| **NOMBRE DEL EQUIPO** | **A RELLENAR POR EL SERVICIO DE DEPORTES** |

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|  | 1º APP | 2º APP | NOMBRE | DNI | TELEFONO | MAIL | INSTAGRAM |  |
| **1** |  |  |  |  |  |  |  | DATOS DEL DELEGADO |
| **2** |  |  |  |  | Visado Servicio Deportes UVa  Firma y sello  FECHA DE PAGO | | | |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
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| **15** |  |  |  |  |