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| **LISTA DE PARTICIPANTES NO JOGO - ÉPOCA 2021/2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **CLUBE** | |  |  |  | | | | | | | | | | |  |  | **AT** | |  | | | | | |  | **PO** | |  |  |  | | |  | **M** |  |  |  | **F** |  |  |  |  |  |  |  |
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| **HORA** |  |  |  |  | | : |  | |  | **DATA** | | |  |  | | / |  | | / |  | | | |  | **LOCAL** | | | |  | | | | | | | | | | | | | | | | |
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| **JOGADORES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cap.** | **#** | **NOME (3 nomes conforme FPN System)** | | | | | | | | | | | | | | | | | | | | **FPN n.º** | | | | | | **CC n.º** | | | | | | **Data Nasc.** | | | | | | **Tem certificado (sim/não)** | | | | | |
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|  | **7** |  | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |
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|  | **9** |  | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |
|  | **10** |  | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |
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|  | **12** |  | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |
|  | **13** |  | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |
| **STAFF** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  | **NOME (3 nomes conforme FPN System)** | | | | | | | | | | | | | | | | | | | | **FPN n.º** | | | | | | **TPTD n.º** | | | | | | **Tem certificado (sim/não)** | | | | | |
| **Treinador Principal** | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |
| **Treinador Assistente** | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |
| **Team Manager** | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  |  |  |  |  |  | | | | | |
| **Médico** | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  |  |  |  |  |  | | | | | |
| **Fisioterapeuta** | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | |  |  |  |  |  |  |  | | | | | |
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| **Pelo Clube:** | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | **Pelo Técnico que executa os testes:** | | | | | | | | | | | | | | | | | | | |
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| **Nome** |  |  | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | **Nome** | | |  |  | | | | | | | | | | | | | | | |
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| **Função** | |  | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | **Função** | | | |  | | | | | | | | | | | | | | | |
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| Assinatura | |  |  |  | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | Assinatura | | | |  |  |  | | | | | | | | | | | | | |
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| NÃO PODEM SER ACRESCENTADAS LINHAS.  O CLUBE É RESPONSÁVEL POR PRESTAR INFORMAÇÕES QUE VIOLEM AS NORMAS VIGENTES.  É IMRESCINDIVEL PREENCHER O IMPRESSO COM TODOS OS DADOS LEGIVEIS. NÃO PREENCHER Á MÃO NEM ALTERAR O MODELO.  NA COMPETIÇÃO DEVEM APRESENTAR ESTE IMPRESSO, CARIMBADO E ASSINADO PELO CLUBE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |