Oddíl/klub: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kraj: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IČO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Platí pro soutěž: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rok: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Č. | ID  závodníka \*) | Příjmení a jméno | Rok nar. | KYU/ DAN | Váha | Kontrola dokladů | Pozn. |
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\*) uvedeno na evidenční kartě závodníka vlevo nahoře

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| **Činovníci** | **Příjmení a jméno** | **Email** | **Telefon** |
| Vedoucí dr. |  |  |  |
| Trenér |  |  |  |
| Lékař |  |  |  |

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Razítko a podpis oddílu/klubu za ČSJU / rozhodčí