**ЗАЯВКА (коллективная)**

на прохождение тестирования в рамках Всероссийского физкультурно-спортивного комплекса

**«Готов к труду и обороне» (ГТО)**

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(*наименование учреждения, организации*)

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*(ступень, возрастная категория)*

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| **№** | **ФИО** | **ID номер участника** |  | **Перечень выбранных видов испытаний (тестов)** | | | | | | | **Допуск врача** |
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Всего в заявке \_\_\_\_\_\_\_\_\_\_\_\_\_человек

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

Директор \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

м.п.

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*дата*