**Pielikums Nr. 1**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_KOMANDAS

**PIETEIKUMS**

Olaines novada minifutbola čempionātam 2017

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| N.p.k. | Vārds, Uzvārds | Dzimšanas gads | Paraksts vai ārsta apliecinājums par veselības stāvokļa atbilstību |
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Komandas pārstāvis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tālr. Nr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-pasts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_