**Тверская региональная общественная организация**

**«Федерация хоккея»**

**ЗАЯВКА**

на участие в Областных соревнованиях «Кубок Федерации хоккея» в сезоне 2025/2026 гг.

Дата заявки: «\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2025 года

Название команды: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Возрастная группа: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Телефон: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Эл. почта: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Адрес команды: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| № п/п | Фамилия Имя Отчество | Дата рождения | Гражданство | Рост, см | Вес, кг | Хват клюшки | Амплуа | Игровой номер | Допуск врача | | Допуск ГССС |
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Руководящий состав команды

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| № п/п | ФИО | Дата рождения | Спортивное звание, категория | Должность | Телефон | Электронная почта |
| 1 |  |  |  | Главный тренер |  |  |
| 2 |  |  |  | Тренер |  |  |
| 3 |  |  |  | Представитель |  |  |
| 4 |  |  |  | Врач |  |  |

Допущено \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_хоккеистов. Врач \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

Подпись Фамилия, инициалы

М. П.

Руководитель \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

Подпись Фамилия, инициалы

М. П.

Заявлено \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_хоккеистов. Главный спортивный судья соревнований \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

Подпись Фамилия, инициалы

М. П.