**ЗАЯВКА (коллективная)**

на прохождение тестированияв рамках Всероссийского физкультурно-спортивного комплекса

**«Готов к труду и обороне» (ГТО)**

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 (*наименование 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

Учитель физической культуры\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*дата*