**ЗАЯВКА**

**на участие в ВФСК ГТО**

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**(дата проведения тестирования)**

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| **№ п/ п** | **Фамилия, имя, отчество** | **Дата рождения (дд.мм.гг.)** | **УИН участника** |
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Контактный телефон \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_