**FICHA DE INSCRIÇÃO**

**XIII CAMPEONATO BRASILEIRO PARALÍMPICO**

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**NOME:**

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**IDENTIDADE:**

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**CATEGORIA:**

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**DATA DE NASCIMENTO:**

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**CLUBE: FEDERAÇÃO:**

**POSSUI CLASSIFICAÇÃO: SIM ( ) NÃO ( )**

**ALOJAMENTO: SIM, SÓ O ATLETA ( ) SIM, ATLETA E STAFF ( ) NÃO ( )**

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**NOME DO STAFF:**

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**DOCUMENTO DO STAFF:**

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**CONTATO DO STAFF:**

**HORÁRIO DE CHEGADA EM SÃO PAULO:**

(se for atleta residente em São Paulo, colocar o horário previsto de chegada no CT Paralímpico)

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**HORÁRIO DE SAÍDA DE SÃO PAULO:**

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