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**WAMT MISTRZOSTWA POLSKI 2025**

**26-27.04.2025 r. CHEŁMNO**

**TERMIN ZGŁOSZEŃ 03.03.2025**

**Karty zgłoszenia prosimy wysyłać na adres:**

**E-mail:** [**natalia.chachowska@chdk.pl**](mailto:natalia.chachowska@chdk.pl)

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| --- | --- |
| **Nazwa zespołu lub imię i nazwisko  w przypadku mażoretek niezrzeszonych** |  |
| **Adres** |  |
| **Miasto** |  |
| **Instytucja delegująca** |  |
| **Osoba do kontaktu** |  |
| **email** |  |
| **Numer telefonu** |  |

Dane do faktury

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| **Nazwa** |  |
| **Adres** |  |
| **NIP** |  |

**LISTA TRENERÓW**

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**LISTA ZAWODNIKÓW**

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