

**PŘIHLÁŠKA DO SKP Nymburk**

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| **Příjmení:** |  |

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| **Jméno:** |  |
| **Datum narození** |  |

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| **Rodné číslo:** |  |  |  |  |  |  |  |  |  |  |

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| **Ulice/čp. :**  **Obec:** |  |  | | | | |
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| **PSČ :** |  |  |  |  |  |

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| **Telefon**: |  |  |  |  |  |  |  |  |  |  |
| **Email**: |  | | | | | | | | | |

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| žádám o členství v oddílu: |  |
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Podpis

*/ u osob mladších 15 let podpis zákonného zástupce/*

**U osob mladších 15 let spojení na rodiče:**

Matka:

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| **Email** |  | | | | | | | | | |

Otec:

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