**ZGŁOSZENIE NA ZAWODY KONTROLNE W ŁYŻWIARSTWIE SZYBKIM**

**DATA**: **27.10.2024r. DRUŻYNA**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **IMIĘ** | **NAZWISKO** | **NARODO-WOŚĆ / KLUB** | **KOBIETA / MĘŻCZYZNA (K/M)** | **DATA URODZENIA** | **KATEGORIA** | | |
|
| **500 m** | | **1000m** |
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