FORMULÁRIO DE SOLICITAÇÃO DE

PARTICIPAÇÃO EM CERTAMES NACIONAIS

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| **EVENTO:** |  | **A N O:** | **2020** |
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| **Identificação da Federação:** | | | | | | | | | | | | | | | | | |
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| Nome: | | FEDERAÇÃO PARAIBANA DE FUTEBOL DE SALÃO | | | | | | | | | | | | | | | |
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| Endereço: | | | Rua Doutor Severino Procópio | | | | | | | | | | | | | Nº: | S/N |
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| Complemento: | | | | 1º Andar | | | Bairro: | Expedicionários | | | | | | Cidade: | JOÃO PESSOA | | |
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| Estado: | | PB | | | CEP: | 58041-200 | | | | Fone(s): | | | (83) 98805-4697 | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Fax: |  | | | | | | | | E-mail: | | [futsalpb@hotmail.com](mailto:futsalpb@hotmail.com) | | | | | | |
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| **Identificação do Clube:** | | | | | | | | | | | | | | | | |
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| **O(s) abaixo assinado(s) confirma(m) a participação na disputa do evento acima declarando estar(em) ciente(s) do Regulamento dos Certames Nacionais e as punições previstas.** | | | | | | | | |
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| Do Clube: | |  | |  | Da Federação: | |  | |
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|  | | Assinatura do Presidente | |  |  | | Assinatura do Presidente | |
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| Nome: |  | | |  | Nome: | JOÃO BOSCO DE MENEZES CRISPIM | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Término do Mandato: | | |  |  | Término do Mandato: | | | 2022 |
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| **Favor indicar abaixo duas pessoas para fácil comunicação e transmissão de informações e esclarecimentos, mencionando os endereços e telefones residenciais e comerciais.** | | | | | | | | | | | | | | | | |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
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| **A CONFIRMAÇÃO DESTE PEDIDO FICA CONDICIONADA A DEVOLUÇÃO DESTE FORMULÁRIO ACOMPANHADO DO COMPROVANTE DE DEPÓSITO DO VALOR CORRESPONDENTE A TAXA DE INSCRIÇÃO E PARTICIPAÇÃO** | | | | | | | | | | | | | | | | |