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| (team name) |
| **A P P L I C A T I O N** |
| **For the international tournament in Greco-Roman wrestling "Rēzekne 2024"** |
| **in Rezekne, November 15-16th, 2024** |

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| ***Nr. p. k.*** | ***Athlete’s name, surname*** | ***Birth date*** | ***Weight category*** |
| 1. |  |  |  |
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| 15. |  |  |  |

Head of the organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /signature/transcript

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / signature/transcript

Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / signature/transcript