**PRIHLÁŠKA**

***Memoriál Jána Židzika***

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| \*\*\* Prosíme vrátiť/Please return /\*\*\* | | | | |
| ZK – ZO - Wrestling club | |  | | |
| Mesto /Stadt/City | |  | | |
| Štát /Country/ | |  | | |
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| **Por.č.** | **MENO, PRIEZVISKO** | **Ročník** | **HMOTNOSŤ** | **Vek. kategória** |
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| Rozhodca/Kampfrichter/Referee | | |  | |
| Vedúci/Mannschaftsführer/Coach | | |  | |
| Tréner/Trainers | | |  | |

**Dátum**: ………………………………

**Termín** : Oficiálnu prihlášku žiadame zaslať najneskôr do **10. október 2017.**

**Adresa :**  Zápasnícky klub Slávia Snina, Ing. Andrejko Anton ul. Študentská 2046 , 06901 Snina , Tel.+421(0)907 974 301, E-mail : anton.andrejko@centrum.sk,

**Registration form**

***Ján Židzik Memorial***

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| --- | --- | --- | --- | --- |
| \*\*\* Prosíme vrátiť/Please return /\*\*\* | | | | |
| ZK – ZO - Wrestling club | |  | | |
| Mesto /Stadt/City | |  | | |
| Štát /Country/ | |  | | |
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| **Num.** | **Name** | **Date of Birth** | **Weight** | **Category** |
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| Rozhodca/Kampfrichter/Referee | | |  | |
| Vedúci/Mannschaftsführer/Coach | | |  | |
| Tréner/Trainers | | |  | |

**Date**: ………………………………

**Deadline** : Please send your registration forms till **10. október 2017.**

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