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| **EK-1**  **3. KAMU SPOR OYUNLARI BAŞVURU FORMU**   * Herhangi bir yaralanma veya sakatlığa sebebiyet vermemek için sorumlu kişilerin talimatlarına uyacağımıza, * Etkinlik esnasında ve sonrasında yaşanacak herhangi bir sağlık sorunu ve sakatlık durumunda sorumluluğun tamamını üzerime alacağımıza, * Müsabakaya katılım göstermediğimiz takdirde hükmen mağlup olacağımı/mızı   Beyan ve kabul ederiz.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | TAKIM ADI | | |  | | | | | |  |  | | --- | --- | |  | VOLEYBOL | |  | 3X3 BASKETBOL | |  | MASA TENİSİ | |  | AYAK TENİSİ | | | | | | | | | **S.NO** | **ADI SOYADI** | **T.C. KİMLİK NO** | | **DOĞUM YERİ / ŞEHİR** | **DOĞUM TARİHİ GÜN / AY /YIL** | **İRT. TELEFONU** | | **1** |  |  | |  |  |  | | **2** |  |  | |  |  |  | | **3** |  |  | |  |  |  | | **4** |  |  | |  |  |  | | **5** |  |  | |  |  |  | | **6** |  |  | |  |  |  | | **7** |  |  | |  |  |  | | **8** |  |  | |  |  |  | | **9** |  |  | |  |  |  | | **10** |  |  | |  |  |  | | **11** |  |  | |  |  |  | | **12** |  |  | |  |  |  | | **TAKIM SORUMLUSU** | | | | | | | | **ADI SOYADI** | |  | | | | | | **İRTİBAT TELEFONU** | |  | | | | | | **TARİH** | |  | | | | | | **İMZA** | |  | | | | | |  |  |  |  |  |  |  | |