**REQUERIMENTO DE INSCRIÇÃO**

Ilmo. Sr.

**Jean Carlo Rodrigues**

DD. Diretor Geral de Esporte e Lazer

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| A Equipe |  | vem através de seu |

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| Responsável |  | , requerer sua inscrição no |

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| **Campeonato Municipal de Futebol Amador – 1ª Divisão 2025.** |

**DADOS DO RESPONSÁVEL PELA EQUIPE**

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| Nome: |  |

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| R.G.: |  | **C.P.F.:** |  |

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| --- | --- | --- | --- |
| Endereço: |  | **Nº:** |  |

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| Bairro: |  | Cidade: |  |

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| Telefone Fixo: |  | **Celular:** |  |

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| Email: |  |

**Dados Bancários**

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| Banco: |  |

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| Agência: |  | Conta Nº: |  | Dígito Verificador: |  |

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| Registro, |  | de |  | de 2025. |

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|  |  | Assinatura do Responsável pela Equipe |  |  |

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| **Para Uso da DGEL:** |  |  |  |
| Recebido em: | \_\_\_\_/\_\_\_\_\_/2025 | \_\_\_\_\_:\_\_\_\_\_ horas | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Assinatura DGEL |