**Załącznik nr 1**

**ZGŁOSZENIE**

**na „eXtreme Geocaching Trial 2016”**

**6 października 2016 roku**

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| **SZKOŁA:** | |  | | |
|  | **NAZWA** |  | | | | |
|  | **ADRES** |  | | | | |
|  | **TELEFON** |  | | | | |
|  |  |  | | |
|  | **OPIEKUN** |  | | | | |
|  | **TEL. KONTAKTOWY** |  | | | | |
|  | **e-MAIL** |  | | | | |
|  |  |  | | |
| **UCZESTNICY:** | |  | | |
| **L.p.** | **IMIĘ** | | | **NAZWISKO** | |
| **1** |  | | |  | |
| **2** |  | | |  | |
| **3** |  | | |  | |
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|  | **PODPIS OPIEKUNA :** | |  | | |