**PREFEITURA MUNICIPAL DE CARIACICA**

**ESTADO DO ESPIRITO SANTO**

**FORMULÁRIO DE INSCRIÇÃO – COPA DOS SERVIDORES 2023**

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| **NOME DA SECRETARIA :** |
| **NOME E TELEFONE PELO RESPONSAVEL PELA COMUNICAÇÃO COM A EQUIPE:** |
| MODALIDADE:  FUTSAL FEMININO  OBSERVAÇÕES:  FUTSAL MASCULINO   1. As modalidades de futsal **Feminino** e **Masculino** estão   Confirmadas. |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **NOME COMPLETO** | **DATA DE NASCIMENTO** | **MATRÍCULA** | **SECRETARIA** | | 1 |  |  |  |  | | 2 |  |  |  |  | | 3 |  |  |  |  | | 4 |  |  |  |  | | 5 |  |  |  |  | | 6 |  |  |  |  | | 7 |  |  |  |  | | 8 |  |  |  |  | | 9 |  |  |  |  | | 10 |  |  |  |  | | 11 |  |  |  |  | | 12 |  |  |  |  | | 13 |  |  |  |  | | 14 |  |  |  |  | | 15 |  |  |  |  | | 16 |  |  |  |  | | 17 |  |  |  |  | | 18 |  |  |  |  | | 19 |  |  |  |  | | 20 |  |  |  |  | |  |  |  |  |  |   **O campo SECRETARIA deve ser preenchido somente se a equipe for formada por servidores de diferentes Secretarias.** |

**ATLETAS INSCRITOS**