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| **ANEXO 8** | **CANCELAMENTO DE PARTICIPAÇÃO**  |
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| **COMPETIÇÃO** | **JOGOS ESCOLARES DA JUVENTUDE DE MS 15 a 17 ANOS** |
| **MUNICÍPIO** |  |

Eu, ................................................................................, na função de ..............................................., solicito o cancelamento da inscrição dos participantes abaixo relacionados dos Jogos Escolares da Juventude de MS 15 a 17 anos.

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**Observações**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Função:** | Atleta  | **AA** | Técnico | **TC** | Motorista | **MT** | Chefe de delegação | **CD** |
| Fisioterapeuta | **FI** | Acomp. fem. | **AF** | Médico | **MD** | Auxiliar técnico | **AT** |