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| **ANEXO 7** | **CANCELAMENTO DE PARTICIPAÇÃO** |

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| **COMPETIÇÃO** | **XIII PARALIMPÍADAS ESCOLARES DE MS 2024** |
| **MUNICÍPIO** |  |

Eu,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, na função de\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, solicito o cancelamento da inscrição dos participantes abaixo relacionados das **XIII PARAESC 2024,** faixa etária de 11 a 18 anos.

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| **Nome** | **Função** | **Categoria** | **Modalidade** |
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Nome e assinatura do chefe de delegação

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Recebido por Data Horário Local

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| **Função** | Atleta | **AA** | Técnico | **TC** | Motorista | **MT** | Chefe de delegação | **CD** |
| Fisioterapeuta | **FI** | Staff | **ST** | Médico | **MD** | Atleta-guia/tapper | **AG** |