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| **ANEXO 9** | **ALTERAÇÃO DE FUNÇÃO DE PARTICIPANTE** |

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

Marque com “X” e, no caso de dirigente, identifique a função (\*).

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| **Função atual** |  | **Técnico** | **Nova função** |  | **Técnico**  |
|  | **Dirigente**  | **(\*)** |  | **Dirigente** | **(\*)** |
| **Nome completo** |  |
| **CPF** |  | **Data de nascimento** |  |
| **N° doc (RG/CREF)** |  | **Validade CREF** |  |
| **E-mail** |  |
| **Gênero** |  | **Telefone** |  |

Obs.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Nome e assinatura do chefe de delegação

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 Recebido por Data Horário Local

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| **Obs.: este formulário deverá ser entregue na Comissão Central Organizadora (CCO)** |