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| **ANEXO 08** | **CANCELAMENTO DE PARTICIPAÇÃO** |
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| **COMPETIÇÃO** | **JOGOS ESCOLARES DA JUVENTUDE DE MS – 12 a 14 ANOS** |
| **MUNICÍPIO** |  |

Eu, ....................................................................................., na função de ..................................., solicito o cancelamento da inscrição dos participantes abaixo relacionados dos Jogos Escolares da Juventude de MS – 12 a 14 anos.

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

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| **Função:** | Estudante-Atleta | **EA** | Técnico | **TC** | Motorista | **MT** | Chefe de Delegação | **CD** |
| Fisioterapeuta | **FI** | Acomp. Fem. | **AF** | Médico | **MD** | Auxiliar Técnico | **AT** |