**Scheda da inviare al Comitato Regionale/Delegazione e al Responsabile Regionale**

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| **e-mail COLLABORATORE INFORMATICO** | | | | | | |  | | | | | | | | | | |
| **e-mail CR:** |  | | | | | | | | **e-mail RESP. Regionale** | | | |  | | | | |
| **SOCIETA'/ASSOCIAZIONE** | | | |  | | | | | | | | | | | | | |
| **n° Criterium** | |  | | **Sede Svolg.to CRITERIUM:** | | | |  | | | | | | **DATA** | | |  |
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| **ESEMPIO COMPILAZIONE** | | | | | | | | | | | | | | | | | |
| **MATRICOLA** | | | **INDIVIDUALE** | | | **COGNOME NOME** | | | | | | **SCAD. CERT. MEDICO** | | | **1° TESS.** | **R.**  **TESS.** | **SE 1°TESSERA.TO**  **INDICARE LA DATA** |
| **123456** | | | **X** | | | **ROSSI MARIO** | | | | | | **31/12/2023** | | | **X** |  | **01/01/2023** |
| **789101** | | | **X** | | | **BIANCHI MARIO** | | | | | | **31/12/2023** | | |  | **X** |  |
| **MATRICOLA** | | | **COPPIA** | | | **COGNOME NOME** | | | | | | **SCAD. CERT. MEDICO** | | | **1° TESS.** | **R.**  **TESS.** | **SE 1°TESSERA.TO**  **INDICARE LA DATA** |
| **123456** | | | **X** | | | **ROSSI MARIO** | | | | | | **31/12/2023** | | | **X** |  | **01/01/2023** |
| **789101** | | | **BIANCHI MARIO** | | | | | | **31/12/2023** | | |  | **X** |  |
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| **CUCCIOLI (2018 – 2017 - 2016)** | | | | | | | | | | | | | | | | | |
| **MATRICOLA** | | **INDIVIDUALE** | | | **COGNOME NOME** | | | | | | **SCAD. CERT. MEDICO** | | | **1° TESS.** | | **R.**  **TESS.** | **SE 1°TESSERA.TO**  **INDICARE LA DATA** |
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| **CANGURINI (2015 - 2014)** | | | | | | | | | | | | | | | | | |
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| **CANGURI (2013 – 2012)** | | | | | | | | | | | | | | | | | |
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| **ALLIEVI (2011 - 2010)** | | | | | | | | | | | | | | | | | |
| **MATRICOLA** | | **COPPIA** | | | **COGNOME NOME** | | | | | | **SCAD. CERT. MEDICO** | | | **1° TESS.** | | **R.**  **TESS.** | **SE 1°TESSERA.TO**  **INDICARE LA DATA** |
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| **TECNICO DI RIFERIMENTO** | | | | |  | | | | | | | | | | | | |
| **RECAPITO TELEFONICO** | | | | |  | | | | | **DATA** | | | | | |  | |