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

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| **e-mail COLLABORATORE INFORMATICO** | | | | |  | | | | | | | | | |
| **e-mail CR:** | abruzzo.molise@fpi.it | | | | | | **e-mail RESP. Regionale** | | | mariannadirenzo@yahoo.it | | | | |
| **SOCIETA'/ASSOCIAZIONE** | | |  | | | | | | | | | | | |
| **n° Criterium** | |  | **Sede Svolg.to CRITERIUM:** | | |  | | | | | **DATA** | |  | |
| **CUCCIOLI (2014 – 2013 - 2012)** | | | | | | | | | | | | | | |
| **MATRICOLA** | | **INDIVIDUALE** | | **COGNOME NOME** | | | | | **SCAD. CERT. MEDICO** | | | | | **DATA 1°TESSERA.TO** |
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| **CANGURINI (2011 - 2010)** | | | | | | | | | | | | | | |
| **MATRICOLA** | | **COPPIA** | | **COGNOME NOME** | | | | | **SCAD. CERT. MEDICO** | | | | | **DATA 1°TESSERA.TO** |
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| **CANGURI (2009 – 2008)** | | | | | | | | | | | | | | |
| **MATRICOLA** | | **COPPIA** | | **COGNOME NOME** | | | | | **SCAD. CERT. MEDICO** | | | | | **DATA 1°TESSERA.TO** |
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| **ALLIEVI (2007 - 2006)** | | | | | | | | | | | | | | |
| **MATRICOLA** | | **COPPIA** | | **COGNOME NOME** | | | | | **SCAD. CERT. MEDICO** | | | | | **DATA 1°TESSERA.TO** |
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| **TECNICO DI RIFERIMENTO** | | | |  | | | | | | | | | | |
| **RECAPITO TELEFONICO** | | | |  | | | | **DATA** | | | |  | | |

***Allegato n. 3***