**SOLICITUD DE MODELO DE JORNADAS ARBITRAJE**

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1. **MODALIDAD**

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|  | **KARATE** |

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1. **DATOS DEL ASISTENTE**

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| **Nº LICENCIA** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **FED. AUTONÓMICA** | | | | | | |  | | | | | | |
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| **APELLIDOS** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **NOMBRE** | | |  | | | |
| **D.N.I. / N.I.E** |  | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | **NACIONALIDAD** | | | | |  | | | | | | | | |
| **F.NACIMIENTO** |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | **EDAD** | |  | | | **LUGAR** | | |  | | | | |
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| **DOMICILIO** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Nº** | | |  | | | **PISO** | |  | | |
| **CODIGO POSTAL** |  | | | |  | | | | |  | | | | |  | | | | | |  | | | | | | **POBLACIÓN** | | | | |  | | | | | | | | **PROVINCIA** | |  | | |
| **TELÉFONO** |  |  | | | |  | | |  | | | |  | | | |  | |  | | | |  | | |  | | | | **E-MAIL** | | | | |  | | | | | | | | | |
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| **NOMBRE CLUB** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Nº AFILIACION NACIONAL DEL CLUB** | | | | | | | | | | |  | |

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1. **DATOS DEL TÍTULO DE ARBITRAJE DEL ASISTENTE**

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| **TITULACIÓN DE ARBITRAJE** |  |
| **FECHA DE TITULACION** |  |
| **EMITIDO POR FEDERACIÓN** |  |

D.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secretario de la Federación Autonómica:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certifica que el aspirante inscrito a estas jornadas cumple los requisitos Establecidos

FIRMA Y SELLO DE LA FEDERACION AUTONOMICA

Fdo el aspirante o tutor / tutora /representante legal