



12 - 14 OCTOBER 2018
TIBAU DO SUL / GOIANINHA - RN

Application form

Team: _____ / **Category:** _____

Responsible: _____

CellPhone: _____

E-mail: _____

	Name of Athlete	Passport Number	No. Position
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Coach.			
Ass.Coach			
Director.			

We declare that the information provided herein is true and that we are aware that TIBAU PIPA CUP will not be liable for any physical or material damages that may occur with the athletes during the matches, leaving the team responsible for providing relief to those who chance during the games.

Tibau do Sul - RN, AUGUST 20, 2018

Signature of Team Leader.

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