

**PŘIHLÁŠKA DO SKP Nymburk**

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| **Příjmení:** |  |

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| **Jméno:** |  |
| **Datum narození** |  |

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| **Rodné číslo:** |  |  |  |  |  |  |  |  |  |  |

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| **Ulice/čp. :****Obec:** |  |  |
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| **PSČ :** |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Telefon**: |  |  |  |  |  |  |  |  |  |  |
| **Email**: |  |

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| žádám o členství v oddílu: |  |
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 Podpis