**Solicitud de licencia**

Temporada 2020

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| FEDERACIÓN ESPAÑOLA DE PENTATLON MODERNO | | | | | | | | | | | |  |  |  |  |  |  |  |  | Envio con firma digital | | | | | | |  |
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| Renovación | | | | | | | Alta | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Nombre |  | | | | | | | Apellidos | |  | | | | | | | | | | | | |  |  |  |  |  |
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| Fecha Nacimiento | | | |  |  | | | Escribir Número y letra | | | | NIF |  |  | | | | | |  |  |  |  |  |  |  |  |
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| Dirección | | |  |  | | | | | | | | | | | | | | | | | | |  |  |  |  |  |
| Población | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Cod. Postal | | |  |  |  |  |  |  |
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| Provincia | |  |  |  | | | | | | | | | |  | Teléfono | | | |  | | | |  |  | |  |  |
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| Federación Territorial | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Galega | | | | | | | | | | | | | | | |  |  |  |  |  |
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| Club | | | | | |  | A.D. Tri-Penta Terras de Lugo | | | | | | | | | | | | | | | |  |  |  |  |  |
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| **Rellenar únicamente para solicitud de licencia de CLUB** | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Dirección | | | | |  | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
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| Población | | | | |  | | | | | | | | | | | | | Cod. Postal | | |  | |  |  |  |  |  |
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| Correo electrónico | | | | |  | | | | Teléfono | |  | | | | |  | FAX | |  | | | | |  | | |  |
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 Solicita Mutualidad General Deportiva

En Caso de NO SOLICITAR Mutualidad General deportiva

Aseguradora a la que esta adscrito según art. 59.2 de la Ley de deporte.

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| ADJUNTAR FOTOCOPIA DE LA POLIZA | | | Aseguradora | |  |  | MAPFRE LA GÁNDARA |  |
| **TIPO DE LICENCIA** |  |  |  |  |  |  |  |  |
|  |  |  |  |  | |  |  |  |
| Deportista | Entrenador / Tecnico | | Titulación que lo avala | | | |  |  |
| Arbitro / Juez | Titulación que lo avala | |  |  |  |  |  |  |
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| CLUB | Fecha y número registro en su comunidad | | | | |  |  |  |
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| Firma del solicitante |  |  |  | Firma y sello de la entidad correspondiente | | | |  |
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| Utilizar para firma Digital | |  | |  |  |  |  |  |
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