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| **KURUMLAR ARASI FUTSAL TURNUVASI** **TAKIM İSİM LİSTESİ**

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| **Kurum Adı** |  | **Takım Adı** |  |

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| **S.NO** | **ADI SOYADI** | **ÇALIŞTIĞI BİRİM** | **T.C KİMLİK NO** |
| **1** |  |  |  |
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| **3** |  |  |  |
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| **TAKIM** | **Sorumlu Adı Soyadı** |  |
| **İletişim Numarası** |  |

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 Kurum Müdürü

 İmza