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| **nzs_znak.jpg** | **MEDOBČINSKA NOGOMETNA ZVEZA MARIBOR**  **MNZ Maribor, Engelsova ulica 6, 2000 Maribor**  Mobitel: **031 782 191** E-pošta: **info@mnzveza-mb.si** | | | | mnzmb-log |
| **PRIJAVA EKIPE ZA NAJMLAJŠE CICIBANE (U7)** | | | | | |
|  | |  | | | |
| **Nogometni klub:** | |  | | | |
| prijavlja ekipo: | |  | | | |
| Kraj turnirja: | |  | Datum turnirja: |  | |

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| *Zap. št.* |  | *Številka dresa* |  | *Priimek in ime igralca* |  | *Datum rojstva* |  | *Številka športne izkaznice* |  |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
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| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
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| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
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| 12 |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |
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| Predstavnik ekipe: | |  | | |  | | |
| Trener: | |  | | | Licenca št.: | |  |
| Pomočnik trenerja: | |  | | | Licenca št.: | |  |
| Zdravniška služba: | |  | | |  | |  |
| V/na: |  | | Dne: |  |  |  | |
|  |  | |  |  |  | *Podpis predstavnika/trenerja ekipe* | |