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| **CAMPUS** (\*) marcar con X | Palencia |  | Segovia |  | Soria |  |
| **DEPORTE** |  |
| **ESCUELA/FACULTAD** |  |
| **MASC/FEM** |  |
| **NOMBRE DEL EQUIPO** |  |
| **DELEGADO** |
| **NOMBRE Y APELLIDOS** | **TELEFONO** | **MAIL** | **Instagram** |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **NOMBRE** | **APELLIDOS** | **DNI** | **TARJ** | **PAGADO** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
|  |  |  |  |
|  | **(A RELLENAR POR EL SERVICIO DE DEPORTES)** |  |
| VISADO SERVICIO DEPORTES UVA |  |
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