**平成27年度県央地域リーグ入替戦申込書**

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| チーム名 | |  | | | |
| 代表者名 | |  | | | |
| 連絡先 | 住所 | 〒 | | | |
| 電話 | 自宅 |  | 携帯 |  |

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| 役名 | 氏名 | 年齢 | 住所又は勤務先 |
| 監督 |  |  |  |
| コーチ |  |  |  |
| Ａコーチ |  |  |  |
| マネージャー |  |  |  |
| キャプテン |  |  |  |

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| 番号 | 選手氏名 | 身長(cm) | 年齢 | 住所又は勤務先 |
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