**Приложение 1**

**Заявка на участие в профилактической акции**

«Клевер»

Команда «\_\_\_\_\_\_\_\_\_\_\_\_\_»

Образовательное учреждение \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Сопровождающий \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_

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Капитан команды \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Список участников квеста

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