*Załącznik nr 1 do ogłoszenia*

………………………………… Łowicz, dnia……………………..

pieczątka organizacji

**WYKAZ INFORMACYJNY - GRUPY Nr …………**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organizacja pozarządowa** | | **dane teleadresowe** | | | | | | | | |
| **nazwa** | |  | | | | | | | | |
| **dane grupy** | | **dane szczegółowe grupy** | | | | | | | | |
| **dyscyplina:** | |  | | | **rocznik:** | | | | | |
| **imię i nazwisko szkoleniowca/**  **trenera/ instruktora** | |  | | | | | | | | |
| **uprawnienia** | |  | | | | | | | | |
| **telefon i adres e-mail** | |  | | | | | | | | |
| **dni i godziny prowadzenia zajęć** | | poniedziałek | wtorek | środa | czwartek | | piątek | sobota | | niedziela |
|  |  |  |  | |  |  | |  |
| **miejsce szkolenia (adres)** | |  | | | | | | | | |
| **Lista uczestników** | | | | Rok urodzenia | | Szkoła | | | Nr licencji / karty | |
| 1 |  | | |  | |  | | |  | |
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…………………………………………………………………………

(podpis osoby upoważnionej lub podpisy osób upoważnionych

do składania oświadczeń woli w imieniu oferenta/oferentów)