CRITERIUM FUTSAL U12 – U13

**SAISON 2023-2024**

**LIEU PLATEAU :**  **DATE :**

**CLUB : N° EQUIPE :**

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| **N° Maillot** | **N° Licence** | **NOM - PRENOM** | **OBSERVATIONS**  **Educateurs, Entraîneur, Dirigeants** |
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| **12** |  |  |  |
| **Nom - Prénom**  **de l'Educateur** | |  | **N° Licence** |
| **Nom - Prénom**  **du Dirigeant** | |  | **N° Licence** |

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|  |  | **N° DE LICENCE** | **NOM – PRENOM** | **INTITULE DU MATCH (OBLIGATOIRE)** |
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