CENTRO O FEDERACIÓN:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APELLIDOS Y NOMBRE** | **AÑO DE NACIMIENTO** | **DNI** | **Nº LICENCIA** | **CLASE VISUAL**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

En , a 11 de noviembre de 2022