**FICHA DE INSCRIPCIÓN CAMPEONATO INTESINSTITUCIONAL  
 LIMA NORTE 2024**

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| **Nombre del equipo** |  |
| **Nombre del delegado** |  |
| **Institución o Sede** |  |
| **Correo electrónico** |  |
| **Teléfono** |  |

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| **N°** | **Nombres** | **Apellidos** | **DNI** | **Firma** |
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 FIRMA DEL DELEGADO**

**Nombre:**

**DNI:**