Spett.le Comune di Pabillonis

Al Responsabile Area socio culturale

 Ufficio Sport

Via San Giovanni 7

09030 PABILLONIS

OGGETTO: Richiesta concessione contributi sportivi straordinari per: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Il Sottoscritto \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, nato il \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Legale rappresentate della Società/Associazione \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Con sede \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C.F.: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Iscritta alla federazione sportiva \_\_\_\_\_\_\_\_\_\_\_\_\_\_ al n\_\_\_\_\_\_\_\_\_; Riconosciuta dal CONI

CHIEDE

La concessione di contributi sportivi straordinari \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Pabillonis, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FIRMA

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| Allegati:* Rendiconto;
* Relazione analitica sulle attività svolte;
* Copia documento d’identità del legale Rappresentante;
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