

PRIVATE SCHOOLS OF GYMNASTICS STAFF LIST

1. NAME OF SCHOOL:

2. The Private School staff is composed of the following persons (We the undersigned certify that we give our consent to act as Heads / and Physical Educationists / Trainers in the above-mentioned Private School of Gymnastics):

HEAD (Sport Department)

NAME:	
SURNAME:	
FATHER'S AND MOTHER'S NAME:	/
RESIDENTIAL ADDRESS:	/PO BOX
TOWN:	
FIXED PHONE:	MOBILE:
DATE:	SIGNATURE:

TEACHING PHYSICAL EDUCATIONISTS / TRAINERS

FULL NAME:	
IDENTITY CARD NO:	
FIXED / MOBILE PHONE:	/
CSO PHYSICAL EDUCATIONISTS / TRAINERS REGISTRY NO.:	
PROVIDED SERVICES TO THE SHCOOL:	
DATE:	SIGNATURE:

FULL NAME:	
IDENTITY CARD NO:	
FIXED / MOBILE PHONE:	/
CSO PHYSICAL EDUCATIONISTS / TRAINERS REGISTRY NO.:	
PROVIDED SERVICES TO THE SHCOOL:	
DATE:	SIGNATURE:

FULL NAME:	
IDENTITY CARD NO:	
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DATE:	SIGNATURE:

FULL NAME:	
ΑΡ.ΔΕΛΤ.ΤΑΥΤΟΤΗΤΑΣ:	
FIXED / MOBILE PHONE: _____ / _____	
CSO PHYSICAL EDUCATIONISTS / TRAINERS REGISTRY NO.:	
PROVIDED SERVICES TO THE SHCOOL:	
DATE:	SIGNATURE:

