

PLANILLA DE INSCRIPCIÓN

**CAMPEONATO INTERCARRERAS VOLEIBOL MIXTO**

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| NOMBRE EQUIPO:  | CARRERA:  |
| DELEGADO TITULAR:  | TELEFONO CELULAR:  |
| DELEGADO SUPLENTE:  | TELEFONO CELULAR:  |

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| **N°** | **NOMBRE** | **APELLIDOS** | **RUT** | **N° MATRÍCULA** | **CARRERA** | **E-MAIL** |
| 1 |   |   |   |   |   |   |
| 2  |   |   |   |   |   |   |
| 3  |   |   |   |   |   |   |
|  4 |   |   |   |   |   |   |
| 5  |   |   |   |   |   |   |
| 6  |   |   |   |   |   |   |
| 7 |   |   |   |   |   |   |
| 8 |   |   |   |   |   |   |
| 9 |   |   |   |   |   |   |
| 10 |   |   |   |   |   |   |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |

FIRMA Y TIMBRE DIRECTOR DE CARRERA