Uwaga : wypełniony protokół należy zwrócić sędziemu najpóźniej na 30 min przed rozpoczęciem zawodów

**gospodarze:kolor strojów:data zawodów:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| f | nr | NAZWISKO I IMIĘ ZAWODNIKA (wypisywać drukowanymi literami) | | | | | | | | | | | | | | | | | | | | | |  | data urodzenia (dd-mm-rr) | | | | | | bramki | |
| ilość | minuty |
| **br** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| f | nr | NAZWISKO I IMIĘ ZAWODNIKA REZERWOWEGO (wypisywać drukowanymi literami) | | | | | | | | | | | | | | | | | | | | | | data urodzenia (dd-mm-rr) | | | | | |  | |
| **br** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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f – funkcja : br. – bramkarz ; M – młodzieżowiec ; K – kapitan rodzaj strzelonej bramki : A – standardowa

B – samobójcza

C – z rzutu karnego

kapitan: numer podpis …………………………………………………….

**wykaz osób uprawnionych do przebywania na ławce dla zawodników rezerwowych**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | NAZWISKO I IMIĘ (wypisywać drukowanymi literami) | | | | | | | | | | | | | | | | | | | | | NUMER LICENCJI TRENERA | | | | F U N K C J A | | | | | |
| ***1*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | **T** | **R** | **E** | **N** | **E** | **R** |
| ***2*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **II** | **T** | **R** | **E** | **N** | **E** | **R** |
| ***3*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **M** | **A** | **S** | **A** | **Ż** | **Y** | **S** | **T** | **A** |
| ***4*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **O** | **B.** | **M** | **E** | **D** | **Y** | **C** | **Z** | **N** | **A** |
| ***5*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **K** | **I** | **E** | **R.** | **D** | **R** | **U** | **Ż** | **Y** | **N** |
| ***6*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

funkcja : trener ; II trener – drugi trener, kier drużyny – kierownik drużyny, masażysta, obsługa medyczna, osoba funkcyjna

**Potwierdzam prawidłowość powyższych danych w / w zawodników zgłoszonych do rozgrywek oraz posiadanie przez nich ważnych badań lekarskich w dniu meczu. Protokół dostarczono sędziemu na** ............ **minut przed rozpoczęciem zawodów.**

kierownik drużyny : ……………………………………………………………

( podpis w obecności sędziego)

**ZMIANY ZAWODNIKÓW (wypełnia sędzia po zakończeniu zawodów )**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | nr | NAZWISKO I IMIĘ ZAWODNIKA (wypisywać drukowanymi literami) | | | | | | | | | | | | | | | | | | | | | |  |  | | |
| ***1*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***zszedł*** | ***minuta*** | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***wszedł*** |  |  |  |
| ***2*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***zszedł*** | ***minuta*** | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***wszedł*** |  |  |  |
| ***3*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***zszedł*** | ***minuta*** | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***wszedł*** |  |  |  |
| ***4*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***zszedł*** | ***minuta*** | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***wszedł*** |  |  |  |
| ***5*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***zszedł*** | ***minuta*** | | |
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| ***6*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***zszedł*** | ***minuta*** | | |
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| ***7*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***zszedł*** | ***minuta*** | | |
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( POTWIERDZENIE ZMIAN PRZEZ SĘDZIEGO ZAWODÓW ) ( POTWIERDZENIE ZMIAN PRZEZ KIEROWNIKA DRUŻYNY )

Uwaga : wypełniony protokół należy zwrócić sędziemu najpóźniej na 30 min przed rozpoczęciem zawodów

**goście:kolor strojów:data zawodów:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| f | nr | NAZWISKO I IMIĘ ZAWODNIKA (wypisywać drukowanymi literami) | | | | | | | | | | | | | | | | | | | | | |  | data urodzenia (dd-mm-rr) | | | | | | bramki | |
| ilość | minuty |
| **br** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| f | nr | NAZWISKO I IMIĘ ZAWODNIKA REZERWOWEGO (wypisywać drukowanymi literami) | | | | | | | | | | | | | | | | | | | | | | data urodzenia (dd-mm-rr) | | | | | |  | |
| **br** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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f – funkcja : br. – bramkarz ; M – młodzieżowiec ; K – kapitan rodzaj strzelonej bramki : A – standardowa

B – samobójcza

C – z rzutu karnego

kapitan: numer podpis …………………………………………………….

**wykaz osób uprawnionych do przebywania na ławce dla zawodników rezerwowych**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | NAZWISKO I IMIĘ (wypisywać drukowanymi literami) | | | | | | | | | | | | | | | | | | | | | NUMER LICENCJI TRENERA | | | | F U N K C J A | | | | | |
| ***1*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | **T** | **R** | **E** | **N** | **E** | **R** |
| ***2*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **II** | **T** | **R** | **E** | **N** | **E** | **R** |
| ***3*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **M** | **A** | **S** | **A** | **Ż** | **Y** | **S** | **T** | **A** |
| ***4*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **O** | **B.** | **M** | **E** | **D** | **Y** | **C** | **Z** | **N** | **A** |
| ***5*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **K** | **I** | **E** | **R.** | **D** | **R** | **U** | **Ż** | **Y** | **N** |
| ***6*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

funkcja : trener ; II trener – drugi trener, kier drużyny – kierownik drużyny, masażysta, obsługa medyczna, osoba funkcyjna

**Potwierdzam prawidłowość powyższych danych w / w zawodników zgłoszonych do rozgrywek oraz posiadanie przez nich ważnych badań lekarskich w dniu meczu. Protokół dostarczono sędziemu na** ............ **minut przed rozpoczęciem zawodów.**

kierownik drużyny : ……………………………………………………………

( podpis w obecności sędziego)

**ZMIANY ZAWODNIKÓW (wypełnia sędzia po zakończeniu zawodów )**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | nr | NAZWISKO I IMIĘ ZAWODNIKA (wypisywać drukowanymi literami) | | | | | | | | | | | | | | | | | | | | | |  |  | | |
| ***1*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***zszedł*** | ***minuta*** | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***wszedł*** |  |  |  |
| ***2*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***zszedł*** | ***minuta*** | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***wszedł*** |  |  |  |
| ***3*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***zszedł*** | ***minuta*** | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***wszedł*** |  |  |  |
| ***4*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***zszedł*** | ***minuta*** | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***wszedł*** |  |  |  |
| ***5*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***zszedł*** | ***minuta*** | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***wszedł*** |  |  |  |
| ***6*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***zszedł*** | ***minuta*** | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***wszedł*** |  |  |  |
| ***7*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ***zszedł*** | ***minuta*** | | |
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( POTWIERDZENIE ZMIAN PRZEZ SĘDZIEGO ZAWODÓW ) ( POTWIERDZENIE ZMIAN PRZEZ KIEROWNIKA DRUŻYNY)