**BADMINTON 2017**



NOM Établissement : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professeur responsable du groupe : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Numéro de téléphone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Numéro de Licence** | **NOM** | **Prénom** | **Date de Naissance** | **Genre** | **Catégorie** |
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