**NAZIV KLUBA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ID BROJ KLUBA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ KONTAKT BROJ:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**KATEGORIJA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ZDRAVSTVENA USTANOVA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dana \_\_\_\_\_\_\_\_\_\_\_\_\_/20\_\_\_\_ u vremenskom periodu od \_\_\_\_\_\_\_\_\_do\_\_\_\_\_\_\_\_\_sati, u prostorijama gore navedene ustanove obavljen je sistematski pregled sportske organizacije**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ i to slijedećih igrači:**

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| Rbr. | ID IGRAČA | Ime i prezime | Datum rođenja |
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