Nome ASD/SSD ____ **ALLEGATO A**

Nome Presidente____

Firma Presidente ASD

____

Corso n.______________
NOME DEL CORSO

DATA INIZIO DEL CORSO		**DATA FINE DEL CORSO**

		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
COGNOME, NOME, CODICE FISCALE DELL’ISTRUTTORE		

COGNOME, NOME, CODICE FISCALE DEI SOCI TESSERATI UISP PARTECIPANTI AL CORSO		
		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐