**KARTA ZGŁOSZENIA UCZESTNIKÓW**

**W POWIATOWEJ OLIMPIADZIE**

**WIEDZY NA TEMAT HIV/AIDS**

1. ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

*(nazwa, adres lub pieczęć szkoły)*

1. Liczba uczestników olimpiady w etapie szkolnym …………………………………..
2. Uczestnicy Powiatowej Olimpiady na temat HIV/AIDS (laureaci etapu szkolnego olimpiady)

1)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Klasa ……….

2)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Klasa ……….

3)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Klasa ……….

*(imię i nazwisko uczestnika, klasa):*

1. .................................................................................................................................................................................................................................................................................................................................................................................................................................

*imię i nazwisko, (telefon kontaktowy) koordynatora szkolnego olimpiady*

……………………………………………

*data i podpis dyrektora szkoły*