**Plongeurs :**

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| **A renseigner par club extérieur** | | | | | | | **A renseigner par organisateur  Plongée du…** | | | |
|  | Prénom | Nom | Niveau | Numéro de licence | Date de fin de validité du certificat médical (1 an) | Nombre de plongées prévues |  |  |  |  |
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