**POPIS IGRAČA S OBAVLJENIM LIJEČNIČKIM PREGLEDOM**

**NK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SELEKCIJA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **OSOBA ZA ZASTUPANJE KLUBA**

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 **Ime, prezime i funkcija**

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 **Potpis i pečat**

**Ovim ovjerom potvrđuje se da su svi navedeni igrači s ovog popisa napravili lječnički pregled u zakonom propisanoj ustanovi.**