**SOCIETÀ / VEREIN**

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| SOCIETÀ / VEREIN |  | FED. |  | REG. |  |

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| VIA / STRASSE |  | CAP / PLZ |  | LUOGO / ORT |  |

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| E-MAIL |  | TEL |  |

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| HOMEPAGE |  |

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| CONTO CORRENTE POSTALE / POST- KONTO |  | - |  |

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| DATI BANCARI / BANKDATEN |  | IBAN |  |  |  |  |  |  |

**PERSONA DI CONTATTO / KONTAKTPERSON**

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| COGNOME, NOME / NAME, VORNAME |  |

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| E-MAIL |  | TEL |  |

**PRESIDENTE / PRÄSIDENT**

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| COGNOME, NOME / NAME, VORNAME |  |

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| E-MAIL |  | TEL |  |

**COMMISSARIO TECNICO / TECHNISCHER LEITER**

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| COGNOME, NOME / NAME, VORNAME |  |

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| E-MAIL |  | TEL |  |

**RESPONSABILE GIOVANI / JUNIOREN VERANTWORTLICHER**

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| COGNOME, NOME / NAME, VORNAME |  |

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| E-MAIL |  | TEL |  |

**DA RITORNARE A: / ZURÜCKSENDEN AN:**

**Centro tesseramento / centre d’affiliation / Lizenzzentrale**

c/o Graziella Rapaglià, Zürcherstrasse 92e, 8953 Dietikon

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