**FEDERAZIONE / VERBAND**

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**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 ARBITRI / SCHIEDSRICHTER VERANTWORTLICHER**

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| E-MAIL |  | TEL |  |

**RESPONSABILE GIOVANI / JUNIOREN VERANTWORTLICHER**

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

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

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

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