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Pieczątka szkoły/instytucji

Lista uczestników wycieczki do …………………………………………………………………………………………………….

Termin…………………………………………………………………………………………………………………………………………..

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Opieka

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Niniejszym oświadczamy, że zostaliśmy zapoznani z Ogólnymi Warunkami Ubezpieczeń PZU WOJAZER

 Podpis opiekuna ……………………………………………………………………………….