**LUOGO: COMITATO:**

**DATA: SPECIALIZZAZIONE RINNOVO: SI/NO**

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| **COGNOME** | **NOME** | **ASSOCIAZIONE** | **CANE** | **CHIP** | **A** | **B** | **C** | **TOT** | **IDONEO/ NON IDONEO** | **FIRMA** |
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NOTE:

Firma Valutatore

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