|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Entitat: |       | Núm. centre: |       |  |
| Responsable: |       | Telèfon: |       | Adreça electrònica: |       |  |

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| --- | --- | --- | --- | --- | --- |
| **Pre benjamí** |  |  | CEEB 1 [ ]  | CEEB 2 [ ]  | CEEB 3 [ ]  |
| **Benjamí** | Nivell A [ ]  | Nivell B [ ]  | CEEB 1 [ ]  | CEEB 2 [ ]  |  |
| **Aleví** | Nivell A [ ]  | Nivell B [ ]  | CEEB 1 [ ]  | CEEB 2 [ ]  | CEEB 3 [ ]  |
| **Infantil** | Nivell A [ ]  | Nivell B [ ]  | CEEB 1 [ ]  | CEEB 2 [ ]  | CEEB 3 [ ]  |
| **Cadet - Juvenil** | Nivell A [ ]  | Nivell B [ ]  | CEEB 1 [ ]  | CEEB 2 [ ]  | CEEB 3 [ ]  |
| **Junior** |  [ ]  |  |  |
| **Perquè aquestes inscripcions siguin efectives caldrà que l’entitat i tots els participants estiguin donats d’alta a l’aplicatiu de llicencies del CEEB i adjuntar el comprovant de pagament en cas de no pagar-les en efectiu.**   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Cognoms | Nom | Data de naixement | OBSERVACIONS |
| 1 |       |       |       |       |
| 2 |       |       |       |       |
| 3 |       |       |       |       |
| 4 |       |       |       |       |
| 5 |       |       |       |       |
| 6 |       |       |       |       |
| 7 |       |       |       |       |
| 8 |       |       |       |       |
| 9 |       |       |       |       |
| 10 |       |       |       |       |

**Núm. de compte del CEEB: 0487- 1274- 14- 2000002176 (cal posar l’entitat i el concepte en el comprovant)**

 Quota d’inscripció: 6,00€ cada participant