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| Centre de Dépaysement et de Plein Air de Sivry  Route de Mons 52  6470 SIVRY – RANCE  Tél. : 060/45.51.28  Mail : cdpa.sivry@yahoo.fr | Ecole en séjour :  Nom de l’établissement :  …………………………………………………………………..  Adresse : ……………………………………………………  …………………………………………………………………..  Téléphone : ……………………………………………….  Date du séjour : ………………………………………… | Pouvoir organisateur :  …………………………………………………………………………..  Chef d’établissement :  …………………………………………………………………………..  Niveau :  …………………………………………………………………………..  Classe :  ………………………………………………………………………….. |

Enseignants et accompagnateurs :

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|  | Classe | Nom | Prénom | Date de naissance | Sexe | Problème médical | Remarque générale | Pointure  (si acti. roller) |
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Liste d’élèves (à compléter en majuscules) :

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|  | Classe | Nom | Prénom | Date de naissance | Sexe | Problème médical | Remarque générale | Pointure  (si acti. roller) |
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