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| Centre de Dépaysement et de Plein Air de SivryRoute de Mons 526470 SIVRY – RANCETél. : 060/45.51.28Mail : 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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