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| **Prof. Responsável pela atividade:** | | | |  | | | | | | Tel. Celular: (21) | |
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| Local de ***EMBARQUE*:** | | |  | | | | | | | | |
| Local de ***DESTINO*:**  Data/Horário Saída:  Data/Horário Retorno: | |  | | | | | | | | | |
| Quantitativo de Pessoas: | | | | | | | | | | | |
| **Lista de participantes – iniciando pelo(s) professor(es) e demais em ordem alfabética** | | | | | | | | | | | |
| **Nº** | **NOME COMPLETO** | | | | | **MATRÍCULA** | | DATA DE NASCIMENTO | Nº IDENTIDADE | | ÓRGÃO EXPEDIDOR |
| **01** | Prof. | | | | |  | |  |  | |  |
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