**FICHA DE INSCRIÇÃO COLABORADOR CMPA**

**NOME:**

**RG:**

**CPF:**

**TEL:**

**CEL:**

**E-MAIL:**

**MATRÍCULA:**

**1ª OPÇÃO**

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| **HORA** | **SEG** | **TER** | **QUA** | **QUI** | **SEX** |
| **07:00** |  |  |  |  |  |
| **08:00** |  |  |  |  |  |
| **09:00** |  |  |  |  |  |
| **10:00** |  |  |  |  |  |
| **11:00** |  |  |  |  |  |
| **12:00** |  |  |  |  |  |
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| **14:00** |  |  |  |  |  |
| **15:00** |  |  |  |  |  |
| **16:00** |  |  |  |  |  |
| **17:00** |  |  |  |  |  |
| **18:00** |  |  |  |  |  |

 **2ª OPÇÃO**

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| **HORA** | **SEG** | **TER** | **QUA** | **QUI** | **SEX** |
| **07:00** |  |  |  |  |  |
| **08:00** |  |  |  |  |  |
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| **17:00** |  |  |  |  |  |
| **18:00** |  |  |  |  |  |