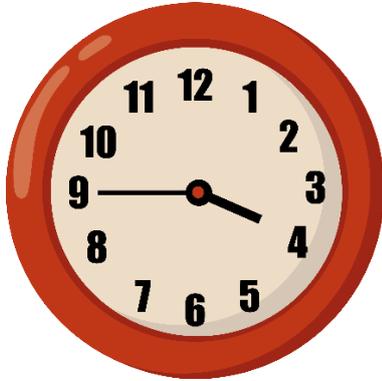
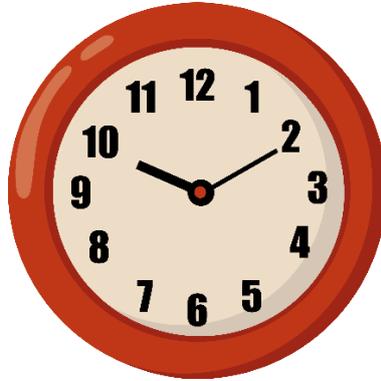


Nome: _____ Idade: _____
Espaço/ Instituição: _____ Data: ___/___/___

Quantas horas são?

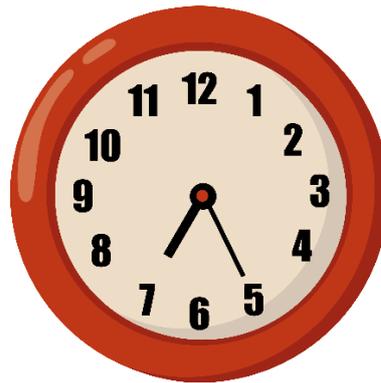


















Assinatura do Profissional