**FESTIVAL FUNDAÇÃO DAS ARTES DE TEATRO ESTUDANTIL 2017**

**Mostra de Espetáculos Teatrais**

TERMO DE CONCORDÂNCIA

Eu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, RG nº \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSP- \_\_\_\_\_\_\_

professor responsável pelo espetáculo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

declaro ter lido e estar de acordo com o regulamento do FESTIVAL FUNDAÇÃO DAS ARTES DE

TEATRO ESTUDANTIL 2017.

São Caetano do Sul, \_\_\_\_\_\_ de\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 2017.

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Assinatura do professor responsável