Meldebogen Hallen-Kinderturnfest 2024

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**Kontaktadresse:**

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| Name: |  |
| Straße, PLZ Ort: |  |
| Telefon / e-mail: |  |
| Verein: |  |

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| **Nr.** | **Wettkampf Nr.** | **Vorname** | **Nachname** | **Alter** |
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| **Nr.** | **Namen der Kampfrichter\*innen** | **Nr.** | **Namen der Kampfrichter\*innen** |
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