**Übungsgruppe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Übungsleiter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ort: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | **Name, Vorname** | **Tel** | **Mit glied** | Gebühr bar / Üw | | geimpft genesen |  |  |  |  |  |  |  |  |  |  |  |  |
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