Anmeldung LMM

|  |  |
| --- | --- |
| **Verein / Riege** |  **/**  |
|  |  |
| **Kategorie** |  |
|  Wahldisziplin  |  |
|  |  |
| **Teilnehmer** |
| **Name** | **Vorname** | **Jahrgang** |
| Teamleader |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |
| **Kontaktadresse** |  |
| Name / Vorname: |  |
| Adresse / plz / Ort: |  |
| Telefon: |  |
| E-Mail: |  |