

## Anmeldeformular

### Aarg. Kant. Nationalturnertag Meisterschwanden

Betreuer: Name:

\_\_\_\_\_

Adresse:

\_\_\_\_\_

Tel./E-Mail:

\_\_\_\_\_

Verein/ Verband

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| Name, Vorname | Wohnort | Jahrgang/Kategorie | Startgeld |
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