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| --- | --- | --- | --- | --- |
| Absender: |  |  |  | Datum:       |
| Name, Vorname |       |  |  |
| Straße |       |  | Bitte beachten! |
| PLZ, Ort |       |  | Namentliche Meldung erforderlich! |
| RK: |       |  |  |
| TelNr.: |       |  |  |
| E-Mailadresse: |       |  |  |
|  |  |  |  |
| An**An Geschäftsstelle DINGOLFING**Stadionstr. 284130 DingolfingTel.: 08731 / 32 65 787Fax: 08731 / 32 65 788Email: Dingolfing@reservistenverband.de | **Teilnehmermeldung****für die Verbandsveranstaltung****Abnahme der Leistungen für den****Basis-Fitness-Test (BFT)****am 16.09.2022 in der****Graf-Aswin Kaserne in Bogen** | **Meldetermin:****01.09.2022** |

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| Lfd. Nr. | Dstgrd d.R. | Name | Vorname | PK | PLZ, Wohnort | Straße |
| 1 |       |       |       |       |       |       |
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Die Angabe von PK und Anschrift sind freiwillig !!!