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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Absender: | | |  | | | |  | |  | | Datum: | |
| Name, Vorname | | |  | | | |  | |  | | | |
| Straße | | |  | | | |  | | Bitte beachten! | | | |
| PLZ, Ort | | |  | | | |  | | 1. Namentliche Meldung erforderlich! | | | |
| RK: | | |  | | | |  | | 2. Nur vollständig ausgefüllte Listen werden weitergeleitet. | | | |
| TelNr.: | | |  | | | |  | |  | | | |
| E-Mailadresse: | | |  | | | |  | |  | | | |
|  | | |  | | | |  | |  | | | |
| An  **Geschäftsstelle DINGOLFING**  Stadionstr. 2  84130 Dingolfing  Tel.: 08731 / 32 65 787  Fax: 08731 / 32 65 788  Email: [Dingolfing@reservistenverband.de](mailto:geschst_dingolfing@vdrbw.de) | | | | | **Teilnehmermeldung**  für den  **Nachtorientierungsmarsch**  **am 04.02.2023**  in Kirchdorf  **in VVag/UTE** | | | | | **Meldetermin:**  **20.01.2023, 09:00 Uhr** | | |
| Nr. | DstGrd | Name | | Vorname | | PK | | PLZ, Wohnort | | | | Straße |
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**Die Angabe von PK und Anschrift ist freiwillig !**