|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Absender: |  |  |  | Datum:       |
| Name, Vorname |       |  |  |
| Straße |       |  | Bitte beachten! |
| PLZ, Ort |       |  | Namentliche Meldung erforderlich! |
| RK: |       |  |  |
| TelNr.: |       |  |  |
| E-Mailadresse: |       |  |  |
|  |  |  |  |
| An**An**Geschäftsstelle Wörth a. d. IsarLandshuter Straße 4284109 Wörth an der IsarTel.: 08702 / 51 30 424Fax: 08702 / 51 30 426Email: Woerth@reservistenverband.de | **Teilnehmermeldung****für die Verbandsveranstaltung****Abnahme der Leistungen für den****Basis-Fitness-Test (BFT)****am 15.09.2023 in der****Graf-Aswin Kaserne in Bogen** | **Meldetermin:****04.09.2023** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Lfd. Nr. | Dstgrd d.R. | Name | Vorname | PK | PLZ, Wohnort | Straße |
| 1 |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |
| 3 |       |       |       |       |       |       |
| 4 |       |       |       |       |       |       |
| 5 |       |       |       |       |       |       |
| 6 |       |       |       |       |       |       |
| 7 |       |       |       |       |       |       |
| 8 |       |       |       |       |       |       |
| 9 |       |       |       |       |       |       |
| 10 |       |       |       |       |       |       |

Die Angabe von PK und Anschrift sind freiwillig !!!