|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Absender: | | |  | | | |  | |  | | | Datum: | |
| Name, Vorname | | |  | | | |  | |  | | | | |
| Straße | | |  | | | |  | |  | | | | |
| PLZ, Ort | | |  | | | |  | |  | | | | |
| RK: | | |  | | | |  | |  | | | | |
| TelNr.: | | |  | | | |  | |  | | | | |
| E-Mailadresse: | | |  | | | |  | |  | | | | |
|  | | |  | | | |  | |  | | | | |
| An  **die 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 die VVag/UTE**  **„Gebirgsausbildung“**  **vom**  **20.-21.11.2021 in Bad Kötzting** | | | | | **Meldetermin:**  **15.11.2021** | | | |
| Nr. | Dstgrd | Name | | Vorname | | PK | | PLZ, Wohnort | | | Straße | | HandyNr. | |
| 1 |  |  | |  | |  | |  | | |  | |  | |
| 2 |  |  | |  | |  | |  | | |  | |  | |
| 3 |  |  | |  | |  | |  | | |  | |  | |
| 4 |  |  | |  | |  | |  | | |  | |  | |
| 5 |  |  | |  | |  | |  | | |  | |  | |
| 6 |  |  | |  | |  | |  | | |  | |  | |
| 7 |  |  | |  | |  | |  | | |  | |  | |
| 8 |  |  | |  | |  | |  | | |  | |  | |
| 9 |  |  | |  | |  | |  | | |  | |  | |
| 10 |  |  | |  | |  | |  | | |  | |  | |

**Die Angabe von PK und Wohnort ist freiwillig.**

**Die Handynummer wird unbedingt benötigt, damit der Leitende in Notfällen die Teilnehmer schnell erreichen kann.**