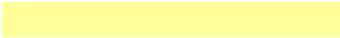
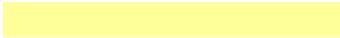


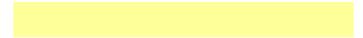
Veranstalter



Maßnahme

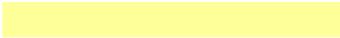


Datum

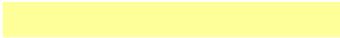


	Vorname	Nachname	Alter	PLZ	Ort	Verband	Unterschrift
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Veranstalter



Maßnahme



Datum



	Vorname	Nachname	Alter	PLZ	Ort	Verband	Unterschrift
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Veranstalter

Maßnahme

Datum

	Vorname	Nachname	Alter	PLZ	Ort	Verband	Unterschrift
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