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| **Teilnahmeliste** | | | | | | | | | | | |
| Name (ggf. Stempel) des Zuwendungsempfangenden: | | | | für Maßnahme: | | | | vom: | | bis: | Anzahl Tage: |
|  |  |  |  |  | | |  |  | |  |  |
| Lfd.  Nr. | Familienname, Vorname | Anschrift | | | Alter | Wenn 27 oder älter; Funktion im Verband: | | | Unterschrift | Vermerke Amt für Familie | |
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| 15 |  |  | | |  |  | | |  |  | |
|  | Gesamtzahl: |  | | | x Tage (s.o.) = Teilnahmetage | | | | |  |  |
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| Für die Richtigkeit der Angaben: | |  |  |  | | |  |  | |  | |
|  |  | Leitung der Maßnahme | | | | |  | Zeichnungsbefugte Person des Zuwendungsempfangenden | | | |