**Meldeformular**

Meldeschluss: 17.05.2023

**Nennungen an:**

Andreas Steiner

WBSV

**An:** meldungen@a-timing.wien

**CC**: office@behindertensport-wien.at

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| **Vereinsname**: |  | | |
| Ansprechpartner: |  | | |
| Anschrift: |  | | |
| PLZ: |  | Ort: |  |
| E-Mail: |  | | |
| Telefon: |  | | |
| Landesverband: |  | | |

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Bitte leserlich (möglichst per PC) und vollständig ausfüllen!!!!!

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