**Meldeformular**

Meldeschluss: 17.05.2023

**Nennungen an:**

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WBSV

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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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