Der Verein:   
Kontaktperson:

Meldet nachstehende Sportler/innen zur

BSRO-Vereinsmeisterschaft im Schwimmen für Behinderte

am 25. Mai 2023

**Nennschluss: 15. Mai 2023**

**NENNFORMULAR**

Anschrift: Michaela PERSÁU  
Tel.: +43 (0)676 - 9082682

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Geb. Datum | Klassen | Sportpass Nr. | W/M | 50m Brust | 100m Brust |  | 50m Freistil | 100m Freistil | 200 m Freistil | 50 m Rücken | 100m Rücken |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Ort und Datum: …………………………………………. Stempel und Unterschrift: ……………………………………………………………………………………