Der Verein:
Kontaktperson:

Meldet nachstehende Sportler/innen zur

offenen BSRO-Vereinsmeisterschaft im Schwimmen für Behinderte

am 23. Mai 2024

**Nennschluss: 14. Mai 2024**

**NENNFORMULAR**

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Tel.: +43 (0)676 - 9082682

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| Name | Geb. Datum | Klassen  | Sportpass Nr. | W/M | 50m Brust | 100m Brust | 25m Freistil | 50m Freistil | 100m Freistil | 200 m Freistil |  50 m Rücken | 100m Rücken | 25m Brust |
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Ort und Datum: …………………………………………. Stempel und Unterschrift: ……………………………………………………………………………………