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| **Verein:** | | | | | Bitte ankreuzen! | | | |  |  |
| **Name** | **Vorname** | **AK** | **Geburtsdatum** | **Passnr.** | **ÜN  Fr/Sa** | **ÜN  Sa/So** | **Mittag Sa** | **Mittag So** | **Betreuer** | **Besonderheiten** |
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| Der Veranstalter weist darauf hin, dass für die Beaufsichtigung und Betreuung des Kindes (insbesondere bei Medikamenteneinnahme)  der angegebene Betreuer zuständig ist. | | | | | | | | | | |
| Unterschrift Vereinsverantwortlicher: | |  |  |  |  |  |  |  |  |  |