**Vereinsanschrift:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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An den **A N T R A G auf**

Sportkreis Calw e.V. **Z U S C H U S S für**

- Geschäftsstelle - **Ü B E R R E G I O N A L E**

Hirschweg 3 **M E I S T E R S C H A F T E N**

75328 Schömberg

info@sportkreis-calw.de Meldeschluss 30.09.

**Zuständige Kontaktperson:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vorname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bankverbindung:**

Name d. Vereinskonto: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Bitte unbedingt ausfüllen:***

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| Sportart | Austragungsort | Art der Meisterschaft | Datum am / von / bis | Name, Vorname Teilnehmer | Alter | Fahrt-km. | Anzahl PKW |  | **wird vom Sportkreis Calw e.V. ausgefüllt** |
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