Teilnahmemeldung - Landesfinale Sachsen (an den JTFP-Sportartbeauftragten)

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| **Schuljahr:** |  | **Sportart:** |  |

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| FSP |  | Schule: |       |
| ESE | LER |  | Anschrift |       |
| GEI | SEH |  |  |       |
| HÖR | SPR |  | E-Mail: |       |  |       |
| KME |  |  | Tel.: |  | Fax: |  |
|  |  |  | Mannschaftsbetreuer/in: |       |
|  |  |  |  | Name, Vorname |

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| FSP |  | Schule: |       |
| ESE | LER |  | Anschrift |       |
| GEI | SEH |  |  |       |
| HÖR | SPR |  | E-Mail: |       |  |       |
| KME |  |  | Tel.: |  | Fax: |  |
|  |  |  | Mannschaftsbetreuer/in: |       |
|  |  |  |  | Name, Vorname |
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| FSP |  | Schule: |       |
| ESE | LER |  | Anschrift |       |
| GEI | SEH |  |  |       |
| HÖR | SPR |  | E-Mail: |       |  |       |
| KME |  |  | Tel.: |  | Fax: |  |
|  |  |  | Mannschaftsbetreuer/in: |       |
|  |  |  |  | Name, Vorname |

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|  |  |  |  | Name, Vorname |

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| **Schulsportkoordinator/in des LaSuB, Standort:** |
| [ ]  | Bautzen | [ ]  | Chemnitz | [ ]  | Dresden | [ ]  | Leipzig | [ ]  | Zwickau |
|  |
| Datum / Unterschrift |
|  |

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| Verteiler: | [ ]  | JTFP-Sportartbeauftragte/r (Wettkampfleiter/in) |
|  | [ ]  | Referent/in (Schulsport) des zuständigen Standortes des LaSuB |