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 | | |
|  |  | |  |  | |  | | |
| 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 |