**Nachtschiessen**

**Anmeldung**

**(weiter kommst Du im Formular mit Tabulator)**

**Senden an anmeldung@chruezlibach.ch**

Verein: Konto (IBAN):

Adresse: email:

PLZ/Ort: Tel:

Datum: Donnerstag 23.10. [ ]  Freitag 24.10. [ ]

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| **Lizenz-Nr.** | **Name** | **Vorname** | **Wohnort** | **JG** | **Waffe** **► auf Zeile klicken** | **Wunsch Zeit** |
|   |   |   |   |   | StdGw | 19:00 |
|   |   |   |   |   | StdGw | 19:00 |
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| **Lizenz-Nr.** | **Name** | **Vorname** | **Wohnort** | **JG** | **Waffe** **► auf Zeile klicken** | **Wunsch Zeit** |
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| **Lizenz-Nr.** | **Name** | **Vorname** | **Wohnort** | **JG** | **Waffe** **► auf Zeile klicken** | **Wunsch Zeit** |
|  |  |  |  |  | StdGw | 19:00 |
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