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| Name Verein | Obmann: | |  |  |  |  |  |
| RTN Vorname | Name | Handy Nummer oder Mail | Obmann füllt aus | | RCN füllt aus | | |
| 3G Nachweis\* liegt bei | Test wird nachgereicht\*\* | 3G vollständig | Bemerkung | Akkreditierung erfolgt |
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