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| **Anmeldung** | | | |
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| **zur Teilnahme am Hasenschießen / Mittagessen anlässlich des Kreisseniorenschießens 2019** | | | |
|  |  |  |  |
| **am Sonntag, dem 08.Sept.2019** | | | |
|  |  |  |  |
| **im Schützenhaus St.Ingbert** | | | |
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| **Verein: \_\_\_\_\_\_\_** | |  |  |
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| Nr. | **Name, Vorname** | **Teilnahme Hasenschießen** | **Vorbestellung Mittagessen (Anzahl)** |
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