Teilnehmer\*innenliste

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| Maßnahme von bis in |

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| Lfd.Nr. | Leiter\*in(bitte ankreuzen) | Vor- und Nachname | Geb.-Datum | Anschrift(***Wohnort***/Straße) | Beruf(Schüler\*in; Azubi, arbeitslos u.a.) |
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Der/Die Antragsteller\*in versichert, dass die oben gemachten Angaben

korrekt sind und die Teilnehmenden an der gesamten Veranstaltung teilgenommen haben.

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Ort, Datum Unterschrift