**Wettkampf:**

Verein:

**Ansprechpartner Verein:**

**Kampfrichter:**

1. Name: 3. Name:   
   Email: Telefon/Mobil: Email: Telefon/Mobil:   
   eventuell Wunschgerät: eventuell Wunschgerät:
2. Name: 4. Name:   
   Email: Telefon/Mobil: Email: Telefon/Mobil:   
   eventuell Wunschgerät: eventuell Wunschgerät:

**Turnerinnen:**

|  |  |  |  |  |  |  |
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|  | **Name** | **Vorname** | **Jahrgang** | **Wettkampfnummer** | **Mannschaft**  **(bei Mannschaftswettkampf)** | **Startpassnummer oder**  **ID – Nummer** |
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