

Abrechnung der Übungsstunden für die Turnabteilung des TSV Kirchhain
weiteres Blatt Nr. _____

Name: _____ Gruppe: _____
Adresse: _____ Tel.: _____

| Nr. | Datum | Uhrzeit (von - bis) | Stundenanzahl (60 Min. UE) | Fahrtkosten km- Ang. hin- u. zurück |
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Datum: _____

Unterschrift: _____