**Anmeldung 44. Bündner Luftpistolen-Meisterschaft 2019/20**

Verein ..................................................................................................................

**Verantwortlicher Schiessleiter:**

Name .................................... Vorname ...................................... Tel P / G ....................................

PLZ/Wohnort .................................... Adresse ...................................... E-Mail ......................................

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|  | Name / Vorname | Jg | Lizenz Nr. | PLZ / Wohnort, genaue Adresse | Email |
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Anmeldungen bis **15. November 2019** an A. Davatz, Rheinstr. 146, 7000 Chur

Ort / Datum\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unterschrift verantwortlicher Schiessleiter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_