**MJKS-SPORTTAG AM 12. SEPTEMBER 2020**

**ZUSCHAUER/INNEN**

**JG-NAME : ……………………………………………………….**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Vorname | Geb. | Adresse | PLZ | Ort | Kanton | E-Mail |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**SENDE UNS DIE TABELLE BIS ZUM 1. SEPTEMBER ZURÜCK AN:** **KONTAKT@MJKS.CH**