|  |  |
| --- | --- |
| Stempel | Datum |

|  |  |  |
| --- | --- | --- |
| Jennifer Sinner  Deutsche Volleyball-Jugend  Otto-Fleck-Schneise 8  60528 Frankfurt/M.  Tel.: 069-695001-21  Fax: 069-695001-24  dvj@dvj.de |  | **Meldungen an**  **Jennifer Sinner**  Bitte die Möglichkeit der schnellen Übermittlung per E-Mail nutzen! |

|  |
| --- |
| M E L D E B O G E N |
| dvj-Schul-DM 2019 – WK IV |

|  |  |
| --- | --- |
| Bundesland: |  |
|  |  |
| Schule: |  |
|  |  |

|  |  |
| --- | --- |
| **Voraussichtliche Ankunftszeit:** |  |
|  |  |
| **Transport mit:** |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Teilnahme an der Deutschen Volleyball Schul-Meisterschaft 2019 - WK IV** | | | | |
|  | | | | |
|  | Name, Vorname | Geburtstag | T-Shirt-Größe  (140-XXL) | |
| 1 |  |  |  | |
| 2 |  |  |  | |
| 3 |  |  |  | |
| 4 |  |  |  | |
| 5 |  |  |  | |
| 6 |  |  |  | |
|  | | |  | |
| B |  | |  | |
| (B2) |  | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Betreuer:** (Bitte deutlich in Druckbuchstaben ausfüllen) |  | männlich |  | weiblich |

|  |  |
| --- | --- |
| **DZ-Unterbringung gewünscht mit:** |  |
|  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Tel:** |  |  | **Fax:** |  |  |

|  |  |
| --- | --- |
| **E-Mail:** |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  | Unterschrift |