**Spieljahr ……/…… Sportverein/Spielgemeinschaft: ……. Altersklasse: .....**

**Übungsleiter: ..... Tel.: p. .....dl. ..... Handy: .....**

*Die ersten vier Spalten der Tabelle sind in DRUCKSCHRIFT auszufüllen. Abgabe* **bis** spätestens zur Saisoneröffnung in Sprötau an den Spielleiter oder Vorsitzenden Spielkommissior

| **Lf. Nr.** | **Name** | **Vorname** | **Pass-nummer** | **Geburts-datum** | **1. Halbserie** Spieltage d. Punkt- + Pokalsp. | | | | | | | | | | | | | | | | **2. Halbserie** Spieltage d. Punkt- + Pokalsp. | | | | | | | | | | | | | | | | **Anmer-kungen** |
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| Lf. Nr. | Name | Vorname | Pass-Nummer | Geburts Datum | **1. Halbserie** Spieltage d. Punkt- + Pokalsp. | **2. Halbserie** Spieltage d. Punkt- + Pokalsp. | Anmer-kungen |
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| Datum | Spielsperren-Punktspiele | von | bis | Spielsperren Pokalspiele | von | bis | Bemerkungen |
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