NATIONALE JEUGDMEERKAMPEN AFDELING GELRE

ZONDAG 18 OKTOBER 2020

**Verzamelinschrijfformulier**

Vereniging : Adres :

Contactpersoon : Postcode :

E-mailadres : Woonplaats :

Telefoonnummer :

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| **Voor- / Achternaam** | **Bondsnummer** | **Geboortedatum** | **Jongen Meisje** | **Jun Kad Pup Wlp** | **Competitieklasse en % VJ2019** |
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Inschrijfadres: jeugdzakengelre@gmail.com Sluitingsdatum: 4 oktober 2020

STELT ZAAL BESCHIKBAAR OP ZONDAG 20 OKTOBER JA/NEE INDIEN JA, HOEVEEL TAFELS:

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| **Voor- / Achternaam** | **Bondsnummer** | **Geboortedatum** | **Jongen Meisje** | **Jun Kad Pup Wlp** | **Competitieklasse en % VJ2019** |
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