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| **Veranstalter:** | | | | | | | | | **Workcampleitung:** | | | | | | | | | | | |  | |  | | |  | | | |
| **Titel des Camps:** | | | | | | | | | **Projektnummer:** | | | | | | | | | | | |  | |  | | |  | | | |
| **Datum des Camps** | | | von: | | | bis: | | | **Ort:** | | | | | | | | | | | |  | |  | | |  | | | |
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| Ich bestätige hiermit meine Teilnahme am obengenannten Workcamp. | | | | | | | | | | | | | |  | |  | | |  | |  | |  | | |  | | | |
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| **Nr.** | | **Name, Vorname** | | | | | **Adresse, PLZ Ort** | | | | | **Land** | | **Alter** | | **Geschlecht**  **(w / m / andere)** | | | **Teamer (X)** | | **Anreise** | | **Abreise** | **Unterschrift** | |
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| Die Teilnahme der genannten Personen und die Dauer ihrer Anwesenheit wird bestätigt: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | |  | | |  | | | Unterschrift Workcampleitung | | | | | |  | | | | | | |  | |