**TEILNAHMELISTE**



Titel der Veranstaltung: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Uhrzeit: von \_\_\_\_\_\_\_\_\_\_\_ bis \_\_\_\_\_\_\_\_\_\_\_\_

Ort: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pfarrei: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Regionale KEB Regensburg-Land

Veranstalter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referent/-in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Nr.** | **Name** | **Vorname** | **Straße, PLZ, Wohnort** | **Tel.-Nr.** | **Mail:** | **Unterschrift** |
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