**Stundennachweis Übungsleiter Quartal: Jahr:**

Name des Übungsleiters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IBAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Datum  | Übungszeitvon - bis | Übungs-stunden  | Sportart | Anzahl Teilnehmer (mind. 10) | Sportstätte |
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|  | Summe |  |  |  |  |

Die Richtigkeit der Eintragungen wird hiermit bestätigt:

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Datum Unterschrift des Übungsleiters/der Übungsleiterin