**Herr**

**Andreas Steinmann   
Chef Gruppenwettkampf   
Aarbergstrasse 9**

**3271 Radelfingen**

**Einzelschützen Anmeldung**

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| --- | --- | --- | --- | --- |
| **Name, Vorname** | **Jahrg.** | **Waffe** | **PLZ** | **Ort** |
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Chef Gruppenweltkampf und Schiessplanversand:

Steinmann Andreas, Radelfingen, Tel. 032 392 58 52, Nat. 079 285 88 82, [chutz@ewanet.ch](mailto:chutz@ewanet.ch)

**Anmeldung zum Gruppenwettkampf**

Gruppenname

Schiessverein

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nr. | Name Vorname (Schütze Nr. 1 ist Gruppenchef) | Jahrgang | PLZ | Ort | Sportgerät |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Gewünschtes Schiessdatum: | | |  | | | Zeit: |  | | | | | |
|  | |  | | | |  |  | | | | | |
| Schiesszeitbestätigung an (Name, Vorname): | |  | | | | | | | | | Telefon/Mobile: | | |  | |
|  | |  | | | | | | | | |  | | |  | |
| Strasse: |  | | | | PLZ: | |  | Ort: |  | | | | | | |
|  |  | | | |  | |  |  |  | | | | | | |
| Datum: |  | | | Unterschrift: |  | | | | | E-Mail: | |  | | |