**Trainingsnachweis für die Trainingsgruppe:**

**HSG Kahl/Kleinostheim - Handball**

**Trainingsstätte:**

**Datum: Beginn: Ende:**

Kennzeichnung Trainingspaare in Spalte 3 : A A / B B / …… TW (Torwart)

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Trainer : Name + Unterschrift Hygienebeauftragter : Name + Unterschrift