**Trainingsnachweis für die Trainingsgruppe:**

**HSG Kahl/Kleinostheim - Handball**

**Trainingsstätte:**

**Datum: Beginn: Ende:**

**Coronatest der Teilnehmer / Übungsleiter notwendig: JA / NEIN**

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Trainer : Name + Unterschrift Hygienebeauftragter : Name + Unterschrift