**Teilnehmende an o. g. Maßnahme:**

**Leitungs-/Betreuerteam:**

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| **lfd** | **Name, Vorname** | **Haup.** | **Ehren** | **Sonst.** | **Geschlecht** | | | **Alter** | **PLZ + Wohnort** | **Herkunftsland** |
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**Zusätzliches ehrenamtliches Kochteam:**

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| **lfd** | **Name, Vorname** | **Haup.** | **Ehren** | **Sonst.** | **Geschlecht** | | | **Alter** | **PLZ + Wohnort** | **Herkunftsland** |
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**\* Sonstige Mitarbeiter\_innen: bitte entsprechende Buchstaben eintragen**

**Bedeutet Honorarkräfte = H**

**Geringfügig Beschäftigte = g B**

**Personen im FSJ/FÖJ = FSJ oder FÖJ**

**Personen im Bundesfreiwilligendienst = BFD**

**Personen im Praktikum = P**

**Sonstige Personen = S**

**Teilnehmer\*innen**

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\\Server-kjr\Kreisjugendring\00 KJR\4 Förderung\Antrag\_Formular\2023-Teilnehmerliste internat. Jugendbegegnung.docx