**Durch meine Unterschrift bestätige ich die Teilnahme an o. g. Maßnahme:**

**Leitungs-/Betreuerteam:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **lfd** | **Name, Vorname** | **Haup.** | **Ehren** | **Sonst.** | **Geschlecht** | | | **Alter** | **PLZ** | **Gültige JuLeiCa-Nummer** | **eigenhändige** |
| **Nr.** |  | **amtl.** | **amtl.** | **MA\*** | **m** | **w** | **d** |  |  | **und Ablaufdatum** | **Unterschrift** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Zusätzliches ehrenamtliches Kochteam:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **lfd** | **Name, Vorname** | **Haup.** | **Ehren** | **Sonst.** | **Geschlecht** | | | **Alter** | **PLZ + Wohnort** | **eigenhändige** |
| **Nr.** |  | **amtl.** | **amtl.** | **MA\*** | **m** | **w** | **d** |  |  | **Unterschrift** |
| 1. |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |  |

**\* 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**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **lfd.** | **Name, Vorname** | **Geschlecht** | | | **Alter** | **PLZ + Wohnort** | **eigenhändige Unterschrift** |
| **Nr.** |  | **m** | **w** | **d** |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **lfd.** | **Name, Vorname** | **Geschlecht** | | | **Alter** | **PLZ + Wohnort** | **eigenhändige Unterschrift** |
| **Nr.** |  | **m** | **w** | **d** |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **lfd.** | **Name, Vorname** | **Geschlecht** | | | **Alter** | **PLZ + Wohnort** | **eigenhändige Unterschrift** |
| **Nr.** |  | **m** | **w** | **d** |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\\Server-kjr\Kreisjugendring\00 KJR\4 Förderung\Antrag\_Formular\2023-Teilnehmerliste Tages- und Freizeitmaßnahmen.docx