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

**Leitungs-/Betreuerteam:**

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| **lfd** | **Name, Vorname** | **Haup.** | **Ehren** | **Sonst.** | **Geschlecht** | **Alter** | **PLZ + Wohnort** | **Herkunftsland** | **eigenhändige** |
| **Nr.** |  | **amtl.** | **amtl.** | **MA\*** | **m** | **w** | **d** |  |  |  | **Unterschrift** |
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**Zusätzliches ehrenamtliches Kochteam:**

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| **lfd** | **Name, Vorname** | **Haup.** | **Ehren** | **Sonst.** | **Geschlecht** | **Alter** | **PLZ + Wohnort** | **Herkunftsland** | **eigenhändige** |
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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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