PRAKTIKUMSNACHWEIS DTB PADEL C-TRAINER:IN

20 Lerneinheiten (LE)

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| Vorname Name |  |
| E-Mail-Adresse |  |
| Verein |  |

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| **Datum** | **Zeit**  **von – bis** | **Anzahl LE** | **Ort / Verein** | **Thema der LE** | **Mentor**  **Name, Lizenz** | **Mentor**  **Unterschrift** |
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