PRAKTIKUMSNACHWEIS DTB PADEL C-TRAINER:IN

20 Lerneinheiten (LE)

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| 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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