**Anmeldung Chlausebesuch**

Donnerstag, 5. Dezember

*Oberdorf und Horriwil*

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| Vorname/ Name: |  |  |
| Adresse: |  |  |
| Telefon: |  |  |

|  |  |
| --- | --- |
| Positiv + | *Name Kind 1* |
| * … | |
| Negativ - |  |
| * … | |

|  |  |
| --- | --- |
| Positiv + | *Name Kind 2* |
| * … | |
| Negativ - |  |
| * … | |

|  |  |
| --- | --- |
| Positiv + | *Name Kind 3* |
| * … | |
| Negativ - |  |
| * … | |