**Anmeldung Chlausebesuch**

Freitag, 6. Dezember

*Unterdorf*

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

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

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

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