**Nikolausaktion der KLJB Stulln**

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| Familie: | Uhrzeit: |
| Adresse: | Ort des Besuchs (z.B. Terrasse, Garten, etc.): |

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| Name Kind 1: | Alter: |

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| Kindergartengruppe/Schulklasse: |

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| Positives:  Negatives: |

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| Name Kind 2: | Alter: |

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| Kindergartengruppe/Schulklasse: |

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| Positives:  Negatives: |

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| Name Kind 3: | Alter: |

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| Kindergartengruppe/Schulklasse: |

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| Positives:  Negatives: |

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| Name Kind 4: | Alter: |

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| Kindergartengruppe/Schulklasse: |

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| Positives:  Negatives: |