



Uni-Liga Osnabrück 2024



Teamname: _____

| | Name | E-Mail | Handy-Nr. |
|---------------------|------|--------|-----------|
| Teammanager*in | | | |
| Stellvertreter*in | | | |
| Schiedsrichter*in 1 | | | |
| Schiedsrichter*in 2 | | | |

Spieler*innen:

| | Name | Status(Stud. o Bedienst.)/ Hochschulzugehörigkeit | Matrik.-/ Dienst-Nr. |
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