Checkliste

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| --- | --- |
| Organisator: |  |

|  |  |
| --- | --- |
| Aktion: |  |

|  |  |
| --- | --- |
| Wann: |  |

|  |  |
| --- | --- |
| Wo: |  |

To do:

|  |  |
| --- | --- |
| Anfrage Areal: | / |
| Helfer anfragen: | / |
| Strassenkreideeinkaufen: | / |
| Stirn-/Taschen-Lampen org: | / |

Helfer:

|  |  |
| --- | --- |
| Name/Tel/Mail: |  |
| Name/Tel/Mail: |  |
| Name/Tel/Mail: |  |
| Name/Tel/Mail: |  |
| Name/Tel/Mail: |  |

|  |  |
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| Notizen: |  |