# Arbeitsstundenkarte

Kavallerieverein Bünztal Wohlen

**Name, Vorname:**

| Datum | Std. | Anlass | Unterschrift Vorstand |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Geleistete Arbeitsstunden:**

Bitte bis zur nächsten GV an Kassier, Tamara Wicki retournieren

Tamara Wicki
Naglerweg 1
5614 Sarmenstorf
tamara.wicki@hex-mail.com