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| TEILNAHMELISTE |  | **Gesprächskreis in:** |
| **Zeitraum:** | **von** |  | **bis** |  |  | **Ort:** |  |
| **Leiterin:** |  |  |  |  |  | **Pfarrei:** |  |

**für GKR-Leiterin/-Leiter**



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| **Nr.** | Name, Vorname | Straße, PLZ, Wohnort | **Telefon** | **Mailadresse** |
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