



## Seminarhaus

(Appartements- Dusche und WC pro Zimmer)

Betten	Zi-Nr.	Beleggrp.:			Datum von/bis
		Name	Name	Name	Name
**** 1 ST 2 EB	1				
**** 1 ST 2 EB	2				
**** 1 ST 2 EB	3				
**** 1 ST 2 EB	4				
**** 1 ST 2 EB	5				
**** 1 ST 2 EB	6				
**** 1 ST 2 EB	7				
**** 1 ST 2 EB	8				
**** 1 ST 2 EB	9				
**** 1 ST 2 EB	10				
40 Betten /10 Zimmer		Teilnehmer:			