

# Laufkarte



Name \_\_\_\_\_

Alter \_\_\_\_\_



## Bewegungsstationen

Erfolgreich  
absolviert

- |             |       |                          |
|-------------|-------|--------------------------|
| 1. Station  | _____ | <input type="checkbox"/> |
| 2. Station  | _____ | <input type="checkbox"/> |
| 3. Station  | _____ | <input type="checkbox"/> |
| 4. Station  | _____ | <input type="checkbox"/> |
| 5. Station  | _____ | <input type="checkbox"/> |
| 6. Station  | _____ | <input type="checkbox"/> |
| 7. Station  | _____ | <input type="checkbox"/> |
| 8. Station  | _____ | <input type="checkbox"/> |
| 9. Station  | _____ | <input type="checkbox"/> |
| 10. Station | _____ | <input type="checkbox"/> |