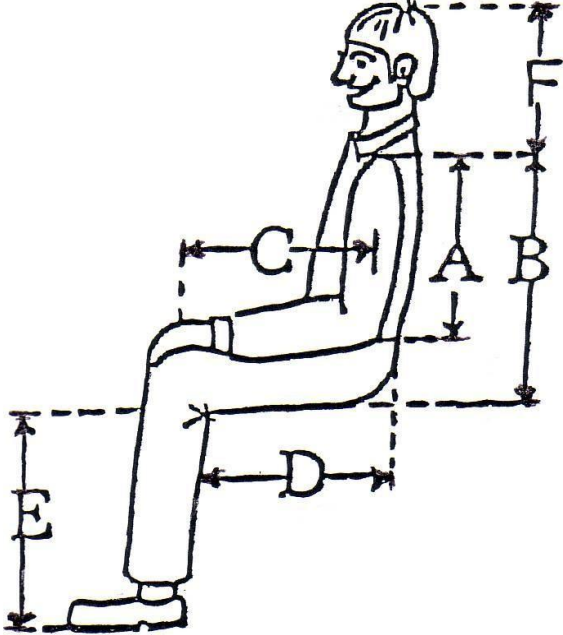


Mátitalva

Navn:		P - tal:	
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	A:	_____	cm.
	B:	_____	cm.
	C:	_____	cm.
	D:	_____	cm.
	E:	_____	cm.
	F:	_____	cm.
	Vekt:	_____	Kg.
Hædd:	_____	cm.	

Seturbreidd:	min:	_____	cm.	max:	_____	cm.
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Mátað hefur:	Navn:	_____
	Starv:	_____
	Telefon:	_____
	Fartelefon:	_____
	Dagfesting:	_____

Mátitalvan skal sendast saman við umsókn um hjálpartól