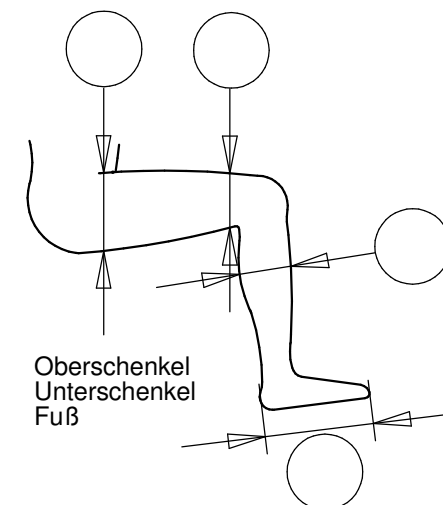
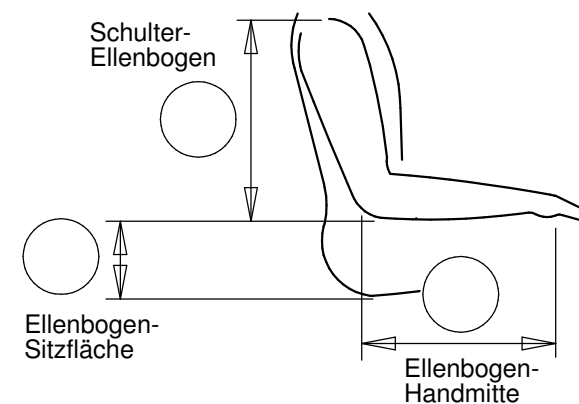
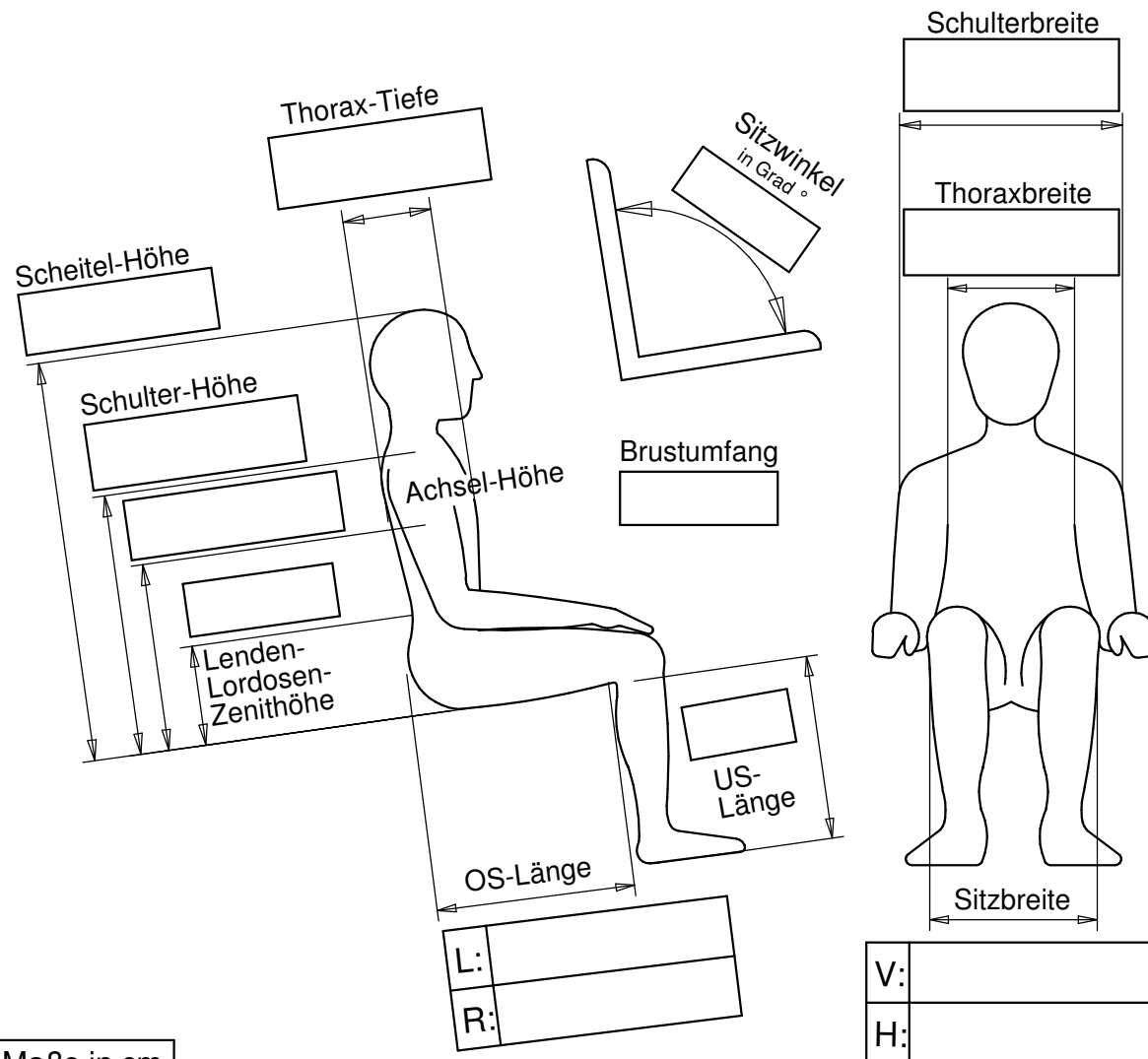


Maßblatt / Sitzmaße

versichertes Kind: Name _____ Vorname _____

Maße aufgenommen von: _____ Datum: _____



Alle Maße in cm