

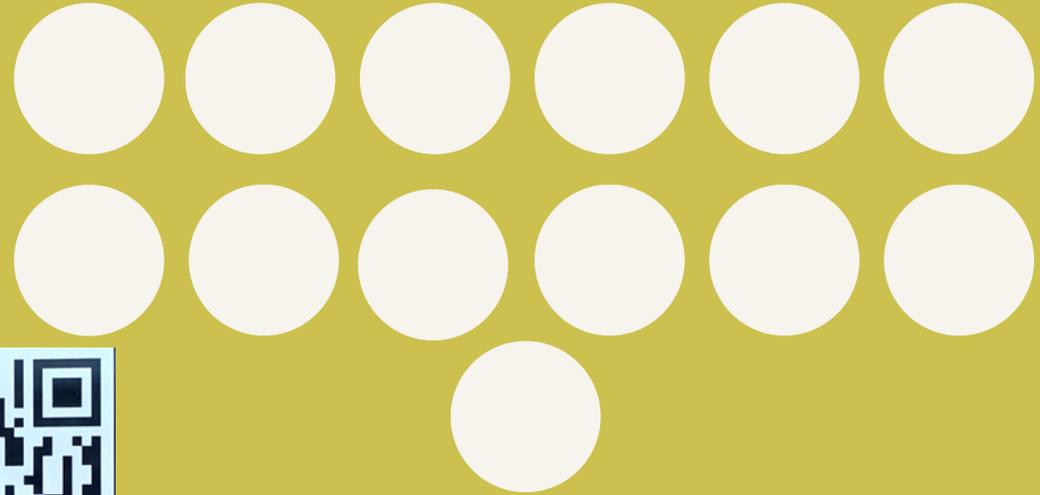
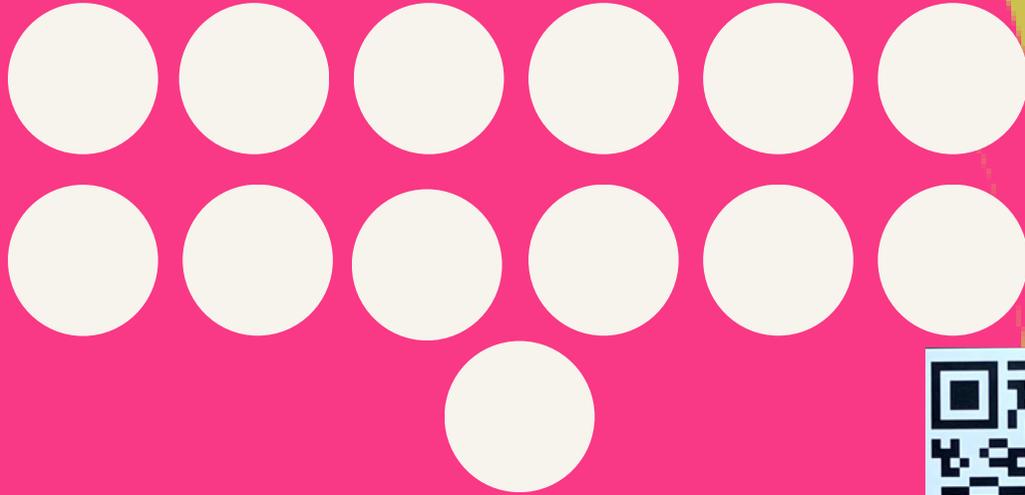
EGYM Bonuspass



Name _____

Monat / Jahr _____

Monat / Jahr _____



Monat / Jahr _____

Monat / Jahr _____

