附件1

第四届老健会网球交流活动报名表

代表队名称（单位盖章）： 联系人： 联系电话：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 组别 | 姓名 | 职务 | 性别 | 民族 | 身份证号码 | 联系电话 | 备注 |
| 领队 |  |  |  |  |  |  |  |
| 教练 |  |  |  |  |  |  |  |
| 甲组男双 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 乙组男双 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 甲组女双 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 乙组女双 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 甲组混双 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 乙组混双 |  |  |  |  |  |  |  |
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