附件1

第四届老健会气排球交流活动报名表

队名：（盖章） 联系人： 手机号码：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 职务 | 姓名 | 性别 | 身份证号码 | 特殊用餐 | 联系电话 |
| 领队 |  |  |  |  |  |
| 教练 |  |  |  |  |  |
| 运动员 |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 随队裁判 |  |  |  |  |  |

注：此表必须用电脑打印