附件1：

第四届老健会持杖健走报名表

参加单位（章）：　　　　联系人：　　　　　手机：　　　　　电话：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 身　份 | 姓　名 | 性别 | 民族 | 身 份 证 号 码 | 参加项目（打“√”） |
| 手杖操规定套路 | 手杖操自编套路 | 场地接力4x400（混合） | 户外穿越团体 | 户外穿越个人 |
| 1 | 团部人员 |  |  |  |  |  |  |  |  |  |
| 2 | 领　队 |  |  |  |  |  |  |  |  |  |
| 3 | 教　练 |  |  |  |  |  |  |  |  |  |
| 4 | 队员 |  |  |  |  |  |  |  |  |  |
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注：

2023年　　月　　日