附件1：

**第四届老健会健身气功交流活动报名表**

参加单位（章）：     县以上医院体检（章）：

联系人：        手机：       电话：

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| 职务 | 姓名 | 性别 | 民族 | 年龄 | 身份证号码 | 集体 | | | | | | | 个人 | | | | | | |
| 易  筋  经 | 五  禽  戏 | 六  字  诀 | 八  段  锦 | 太极  养  生  杖 | 导引养生功12法 | 大舞 | 易  筋  经 | 五  禽  戏 | 六  字  诀 | 八  段  锦 | 太极  养  生  杖 | 导引养生功12法 | 大舞 |
| 团部人员 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 领队 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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注：1. 本表格要求电脑制作打印，手写无效。在参加项目栏内画“√”；

2.参加活动人员户籍所在地与长期居住地不一致的，另附本人长期居住地居住证或社保缴纳记录（满2年）复印件；

3.此表于5月8日前填报后连同盖章扫描件发淄博市老年人体育协会秘书处，E-mail：[Lntxmsc@sina.com](mailto:Lntxmsc@sina.com)

4.联系人：孙树涛、臧新元，电话：13969382960、18560810811