汕尾市第三届职工运动会羽毛球比赛报名表

参赛单位(盖章)：

领队： 教练： 联系人： 联系电话：

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| **序**  **号** | **姓 名** | **性**  **别** | **身份证号码** | **参赛项目** | | | | | | **备注** |
| **男单** | **女单** | **男双** | **女双** | **混双** | **团体** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
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| 10 |  |  |  |  |  |  |  |  |  |  |

**注：1、**请在参赛项目栏内打“√”。双打配对在备注内注明配对选手名字。**2、**请于**9月20日**前报送市文化广电旅游体育局。（联系人：刘重、林少鹏，3363456,18819533370.邮箱：jtk3363456@163.com）。