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| 汕尾市第三届职工运动会广播体操比赛报名表 | | | | | |
| 参赛单位（盖章）： | | | | | |
| 领队： 教练： 联系人： 电话： | | | | | |
| **序号** | **姓名** | **性别** | **年龄** | **身份证号** | **备注** |
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| **备注：**1.请将男运动员姓名排前，女运动员排后。  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）。 | | | | | |