附件2

2024年北京市青少年七人制橄榄球冠军赛报名表

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| 报名单位（盖章）： | |  | | 领队： 联系电话： | |  | 队医： | 联系电话： | |
| 主教练： | |  | | 教练： | |  |  |  | |
| 序号 | 姓名 | 性别 | 出生日期 | 身份证号 | 学籍号 | 组别 | 项目 | 队服号码，颜色 | 备注 |
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| 填表人： | | | |  | 审核人： | | 单位负责人： | |  |