**附件 ：**

教职工羽毛球混合团体比赛报名表

**队伍名称 ： 负责人 ： 联系方式：**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **年龄** | **电话** | **备注** |
| **1** |  |  |  |  | **领队** |
| **2** |  |  |  |  | **教练** |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
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| **10** |  |  |  |  |  |
| **11** |  |  |  |  |  |
| **12** |  |  |  |  |  |
| **13** |  |  |  |  |  |
| **14** |  |  |  |  |  |