**山东省第九届全民健身运动会网球比赛**

**报名表**

**队名：**

**教练： 联系电话：**

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| **项目** | **姓 名** | **身份证号** | **备注** |
| 男子团体 |  |  |  |
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| 女子团体 |  |  |  |
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**注：单位报名组队，须加盖单位公章，社会人士自发组队者，须由教练员签字，无需加盖公章。**