附件1

**2023年山东省老年人健步走比赛报名表**

队伍名称（盖章或签字）：

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| **职务** | **姓名** | **性别** | **身份证号** | **持杖健走** | | | | |
| **场地接力** | **手杖操** | | **户外**  **穿越** | |
| **4X400** | **规定套路** | **自选套路** | **男子组** | **女子组** |
| **混合组** |
| 领队 |  |  |  |  |  |  |  |  |
| 教练 |  |  |  |  |  |  |  |  |
| 运  动  员 |  |  |  |  |  |  |  |  |
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| 替补 |  |  |  |  |  |  |  |  |
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联系人： 电话： 电子邮箱：

注：1.参加项目和组别打(√)；2.此表可复制；3.如用餐有特殊需求，请向组委会说明。