附件2

**“好运山东”2025年山东省老年人持杖健走比赛报名表**

填报单位：（盖章） 联系人： 联系电话：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 身 份 | 姓 名 | 性别 | 民族 | 身 份 证 号 码 | 参加项目(打“ √ ” |
| 手杖操 规定套路 | 手杖操 自编套路 | 场地接力 4x400混合) | 户外穿越 团体 | 户外穿越 个人 |
| 1 | 领 队 |  |  |  |  |  |  |  |  |  |
| 2 | 教 练 |  |  |  |  |  |  |  |  |  |
| 3 | 教 练 |  |  |  |  |  |  |  |  |  |
| 4 | 队 员 |  |  |  |  |  |  |  |  |  |
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