附件3

2025年省优秀运动队体能康复技能提升培训班报名表

单位（盖章）：

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单 位 | 姓名 | 性别 | 岗位 | 职称 | 项 目 | 手机号  (须与个人微信号同号) | 是否  在编 | 是否  住宿 |
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