附件1：

**2021年晋中市中医健身棒培训报名表**

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| **单位名称（公章）** |  |
| **联系人** |  | **联系电话** |  |
| **培训人员名单** |
| **序号** | **姓名** | **性别** | **年龄** | **身份证号** | **社会体育指导员等级/曾获裁判员称号** | **联系电话** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
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