**晋中市第二届中医养生棒培训暨2022年晋中市二级社会体育指导员培训报名表**

|  |  |
| --- | --- |
| **单位名称（章）** |  |
| **负责人** |  | **联系电话** |  |
| **培训人员名单** |
| **序号** | **姓名** | **性别** | **年龄** | **社会体育指导员等级** | **是否参加过中医健身棒培训** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |