附件

纪念“一二·九”学生爱国运动89周年

“青春接力跑”活动报名表

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| 学院：（加盖公章） | | | | | | |
| 序号 | 姓名 | 性别 | 学号/工号 | 班级/系室 | 联系方式 | 是否有意外险 |
| 1（带队教师） |  |  |  |  |  |  |
| 2（教师） |  |  |  |  |  |  |
| 3（教师） |  |  |  |  |  |  |
| 4（教师） |  |  |  |  |  |  |
| 5（教师） |  |  |  |  |  |  |
| 6（学生代表） |  |  |  |  |  |  |
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