附件：

星级营地申报表

省份： ；申报工作负责人： ；联系电话：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **申报单位/营地名称** | **申请星级** | **联系人** | **联系电话** | **微信号（必填）** | **备注** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |