附件2：

中国乒协国青、国少集训队

“斯帝卡杯”山东省选拔赛报名表

参赛单位公章（个人参赛不用盖章）：

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| 领队和教练 | 姓名 | | | 性别 | | 领队/教练 | | 联系方式 | |
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| 运动员 | | | | | | | | | |
| 序号 | | 姓名 | 性别 | | 身份证号 | | 年龄 | | 报名参赛资料 （二代身份证/户口本/学籍证明/运动员注册） |
| 7-8岁组 | |  |  | |  | |  | |  |
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| 9-10岁组 | |  |  | |  | |  | |  |
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| 11-12岁组 | |  |  | |  | |  | |  |
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| 13-14岁组 | |  |  | |  | |  | |  |
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联系人： 联系电话：

注：1、报名表需填写电子版，手写无效，请务必填写完整。如表格不够，可自行添加。

2、报名信息务必填写准确。