**附件2**

**福建省直机关干部职工运动干预**

**体验班报名表**

单位名称： 领队： 联系电话：

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| **序号** | **姓 名** | **性别** | **出生年月** | **联系电话** |
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| 说明 | 有心脏病等慢性疾病的人员请在“备注”栏内注明；  表格不够可另附页。 | | | |