山东省第二十五届运动会 高尔夫球决赛报名表

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| **代表队名称：**  **在编（ ）超编（ ）** | | | | | **教练： 联系电话：**  **领队： 联系电话：** | | **代表单位**  **（公章）** |
| **序号** | **姓名** | **性别** | **组别** | **参赛小项** | **身份证号码** | **监护人及联系方式** | **差点** |
| 1 |  |  |  |  |  |  |  |
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