附件1

2025年全区二级社会体育指导员（幼儿体操）培训班报名表

单位（盖章）： 联系人： 电话：

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 年龄 | 民族 | 学历 | 参训项目 | 身份证号 | 单位及职务 | 联系电话 |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| …… |  |  |  |  |  |  |  |  |  |

注：本表可复制