附件：

南通市健身气功项目二级社会体育指导员培训报名表

单位：（盖章） 填表人： 联系电话：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 年龄 | 身份证号码 | 服务站点 | 联系电话 |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |