第二期教职工网球培训班报名表

单位： 报送人姓名： 联系人电话：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 编号 | 姓名 | 性别 | 年龄 | 选择班次 | 联系电话 | 所在单位 | 备注 |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |

备注：选择班次是周内班、周末班