**附件：**

**江苏食品药品职业技术学院首届羽毛球比赛报名表**

|  |  |  |  |
| --- | --- | --- | --- |
| **报 名 院系（签字、盖章）** | | **领 队：** |  |
|  | | **教练 ：** |  |
| **报名负责人：** |  |
| **联系电话：** |  |
| **序号** | **姓名** | **学号** | |
| **1** |  |  | |
| **2** |  |  | |
| **3** |  |  | |
| **4** |  |  | |
| **5** |  |  | |
| **6** |  |  | |
| **7** |  |  | |
| **8** |  |  | |