附件：

**巢湖学院2025年教职工羽毛球混合团体比赛报名表**

**报名单位：**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **岗位** | **姓名** | **工号** | **身份证号** | **手机号** |
| **领队** |  |  |  |  |
| **男运动员** |  |  |  |  |
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| **女运动员** |  |  |  |  |
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**注：男女运动员合计不超过8名。**