**附件**

**2016年大沥镇“工会杯”职工**

**羽毛球混合团体赛报名表**

队伍名称：

领队姓名： 领队联系电话：

教练姓名： 教练联系电话：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **性别** | **单位** | **姓名** | **身高** | **备注** |
| 1 |  |  |  |  | 领队 |
| 2 |  |  |  |  | 教练 |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |