**全国单板滑雪障碍追逐锦标赛报名表（单位）**

**时间： 单位（盖章）：**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **单位名称** | **运动员姓名** | **性别** | **出生年月日 （XXXX-XX-XX）** | **报名项目** | **注册单位** | **备注**  **（参赛组别）** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| **单位联系人： 联系电话：** | | | | | | | |