附件4：

技工院校国旗护卫队比赛决赛

参赛及观摩报名回执

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 参赛单位（盖章） | | | |  | | | | | | | | | | | | | |
| 领队姓名 | |  | | 职务 | | | |  | | | 联系电话 | | | |  | | |
| **参加人员信息** | | | | | | | | | | | | | | | | | |
| 师生总人数 | | |  | | | 男（人数） | |  | | | 女（人数） | | |  | | | |
| **院校发票信息** | | | | | | | | | | | | | | | | | |
| 发票抬头 | |  | | | | | | | 纳税人识别号 | | |  | | | | | |
| 地址 | |  | | | | | | | 电话 | | |  | | | | | |
| 开户行 | |  | | | | | | | 账号 | | |  | | | | | |
| **指导老师或观摩人员名单** | | | | | | | | | | | | | | | | | |
| 姓名 | 职称/职务 | | | | 所在院系/部门 | | | | | 手机号码 | | | | | 是否住宿 | | 是否单间 |
|  |  | | | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | |  | | | | |  | |  |
| **参赛选手名单** | | | | | | | | | | | | | | | | | |
| 姓名 | 性别 | | 专业 | | | | 身份证号码 | | | | | | 手机号码 | | | 是否  住宿 | |
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备注：1.此表可复制、添加；参赛选手姓名以此表为准，请准确填写；

2.各校可选派相关人员进行现场观摩，交通食宿自理；

3.请准确填写学校发票信息，具体用餐购买餐票及发票开具联系春晖园

冯生：18038463833；

4.请于2023年12月8日前将回执发送至[指定邮箱：](mailto:指定邮箱：gdjgzx1223@163.com%20) 615830252@qq.com ，联系人：赖健怡，联系电话：18702076746。