附件2

中国青年志愿者助残“阳光行动”暨共青团关爱农民工子女志愿服务行动骨干人员培训班

第一期参会人员回执

省（区、市）或行业系统：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 领队姓名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **姓名** | **性别** | **民族** | **单位及职务** | **手机号码** | **身份证号** | **身高、体重** | **抵达时间、**  **航班/车次** | **返程时间、**  **航班/车次** | **备注** |
|  |  |  |  |  |  |  |  |  | **领队** |
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注：以省级团委为单位填写。