哈尔滨工业大学武术比赛（离退休组）

团体名称: -

联系地址: -

领 队: (男/女) 教练: (男/女)

联系人: 电话: Email: -

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| 序号 | 姓名 | 性别 | 出生年月 | 项目1 | 项目2 | 项目3 | 集体项目 |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
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| 15 |  |  |  |  |  |  |  |

单位盖章: 负责人签名: 填表日期: 月\_ 日