附件1

**2024年厦门市二级社会体育指导员培训人员登记表**

**单位（公章）： 填表人： 电话：**

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| **序号** | **姓名** | **性别** | **年龄** | **出生年月日** | **民族** | **学历** | **身份证号** | **指导项目** | **指导时间** | **所在单位或健身站点及职务** | **联系电话** |
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