新豐鄉體育會理事長盃慢速壘球錦標賽 報名表

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| 隊　　名 |  | | | | | | | |
| 領　　隊 |  | | | | 經　　理 | |  | |
| 教　　練 |  | | | | 管　　理 | |  | |
| 聯 絡 人 |  | | E-mail | |  | | | |
| 電　　話 |  | | 匯款後5碼或匯款人 | | | |  | |
| 通訊地址 |  | | | | | | | |
| 球員姓名 | 生日 | 身分證字號 | | 球員姓名 | | 生日 | | 身分證字號 |
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請注意競賽規程參加資格相關規定，因投保意外、醫療險請填寫詳細資料。(保險實支實付)

請確實填寫球員資料,以免引響球員權益