附件2：

报名汇总表

组队单位（盖章）： 市人力资源和社会保障局 联系人： 手机：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 参赛赛项 | 组别 | 选手姓名 | 所在单位 | 联系电话 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |