附件：

第三十三届科创大赛观摩团报名回执表

填写单位： 联系人： 联系电话：

团队负责老师： 联系方式：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **所在学校** | **联系方式** | **身份证号** | **发票抬头** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |