附件 1

济南市第二届“泉城杯” 激光射击公开赛

暨“齐鲁之星”激光射击暑假考核赛预选赛

报名选项表

单位（章）：

领队： 教练： 联系电话：

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| 序号 | 姓名 | 性别 | 组别 | 身份证号码 | 激光步枪 | 激光手枪 | 备注 |
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注：请在需要报的项目内打“√”