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| **领队** | **姓名** | |  | | **联系电话** | |  |
| **跑团学生信息（20名学生）** | **序号** | **姓名** | | **联系电话** | | **学号** | |
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| **领队老师承诺** | 本人作为领队老师，已知晓活动相关要求，跑团学生身体状况均适合参加悦跑活动，活动期间会关注学生安全和身体健康。  领队老师（签名）  年 月 日 | | | | | | |
| **学院意见** | 学院（盖章）  年 月 日 | | | | | | |

“青春悦动 逐梦向前”喜迎校庆50周年集体悦享跑报名表