附件

**广西医科大学90周年校庆志愿者报名表**

学院： 负责人： 联系方式：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 学院 | 姓名 | 性别 | 年级 | 专业 | 层次 | 联系方式 | 所在校区 | 衣服尺码 | 备注 |
| 例 |  | 张三 | 女 | 2020 | 临床医学 | /专/本/研 | 18722229999 |  | S/M/L/XL |  |
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