附件1

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| --- | --- | --- | --- | --- | --- |
| 急救技能大赛报名表 | | | | | |
| **队伍名：** |  | | | | |
|  | **姓名** | **性别** | **学院** | **年级** | **联系电话** |
| 队长 |  |  |  |  |  |
| 队员1 |  |  |  |  |  |
| 队员2 |  |  |  |  |  |
| 队员3 |  |  |  |  |  |