附件3

全国青少年校园足球教练员国家级专项培训推荐名单（回执表）

**省（区、市）教育厅（教委） （盖章） 填表人及联系电话： 填表日期：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **培训时间及地点** | **姓名** | **性别** | **身份证号** | **出生**  **日期** | **联系电话** | **工作单位和职位** | **邮寄地址和邮编** | **电子**  **邮箱** | **身高(cm)** | **体重(kg)** | **服装号码** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |

**注：1.此表请加盖省级教育行政部门公章，传真发送至0335-8011592**

**2.电子版请同时发送邮箱：zgzqxxwhjyc@163.com**