附件1：

防艾公益挑战赛报名表

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| 队伍名称 |  | | | | | |
| 队长 |  | | 联系方式 | |  | |
| 队伍成员 | 姓名 | 学院 | | 班级 | | 联系方式 |
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|  |  | |  | |  |
| 队伍简介 |  | | | | | |

备注：班级名称请务必详细，如XX专业XX年级XX班