2019年乐清市残疾人拉丁舞培训班报名表

**乡镇（街道）残联（盖章）**

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| --- | --- | --- | --- | --- | --- |
| **姓 名** | **性别** | **残疾证号（或身份证号）** | **家庭地址** | **工作单位** | **联系电话** |
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