附件2

2018年道县机关事业单位单身男女联谊活动报名人员花名册

单位（加盖公章）：

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| **序号** | **姓名** | **性别** | **出生年月** | **身高** | **体重** | **学历** | **职务** | **手机号码** | **微信号码** | **备注** |
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填表人： 联系方式： 填报时间：